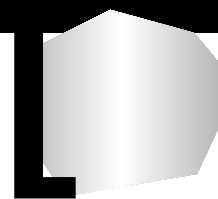


Tools for
Community Planning
Group Members



HIV Prevention

HIV Prevention Community Planning: *An Orientation Guide*



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Center for Community-Based Health Strategies

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Introduction: How to Use this HIV Prevention Community Planning Orientation Guide

What is the Purpose of this Guide?

This guidebook is meant to provide an orientation to the principal components of HIV prevention community planning for new, as well as seasoned, members of community planning groups (CPGs). Orienting CPG members to the community planning process has been a continuing, labor-intensive endeavor because CPGs have lacked both a standard set of information and tools for orientation processes.

This guide presents standardized, user-friendly information on HIV prevention community planning to prepare CPG members to be effective in carrying out their community planning roles and responsibilities. It is not designed to provide in-depth information on the specialized planning processes used in specific project areas and CPGs (for example, how the community planning process works in a particular city or state, how decision-making is carried out, or which priority-setting approach to use).

This guide is a companion to the *HIV Prevention Community Planning: Partners in Prevention, Community Planning Overview* video, developed by the Centers for Disease Control and Prevention (CDC) and CDC's National TA Providers' Network. The video offers a basic overview of HIV prevention community planning as well as inspirational and educational information for CPG members.

The objectives of this guide are to achieve the following:

- [Furnish useful information on HIV prevention community planning that is needed by all CPG members and CPG co-chairs.
- [Provide “stand-alone” materials for continuing orientation needs, independent of outside technical assistance (TA) providers.
- [Promote enthusiasm about participating in the community planning process.

The Contents

This guide is divided into several parts, as follows:

- An overview to HIV prevention community planning roles and responsibilities of CPG members, co-chairs, and health department staff
- Necessary steps and principles involved in HIV prevention community planning
- The new *Guidance* and a side-by-side abridged version
- Technical assistance
- Resources for community planning groups
- A glossary.

A Final Note

This guide presents core information regarding HIV prevention community planning. In addition to this guidebook, however, you should become familiar with the most recent version of CDC's *Guidance* for HIV Prevention Community Planning (the "*Guidance*"). It will also be important to review materials specific to your CPG, such as bylaws, decision-making processes, and organizational structures. Above all else, the community planning experience should be rewarding. You are an important member of a group of people across the United States committed to reducing the spread of HIV/AIDS.

1

A Brief History of HIV Prevention Community Planning

What is HIV Prevention Community Planning?

HIV prevention community planning is a collaborative process through which health departments work in partnership with community planning group(s) (CPGs) to design local prevention plans that best represent the needs of the various communities at risk for, or infected with, HIV.

The major goals of HIV prevention community planning are to improve the effectiveness of HIV prevention programs through:

- **Participation by individuals infected with and affected by HIV**
- **Application of sound scientific methods that will halt the spread of HIV disease.**

When Did HIV Prevention Community Planning Begin?

In December 1993, the Centers for Disease Control and Prevention (CDC) initiated HIV prevention community planning by issuing the Supplemental Guidance on HIV Prevention Community Planning for Noncompeting Continuation of Cooperative Agreements for HIV Prevention Projects. This Guidance is the blueprint for HIV prevention community planning and provides flexible direction to grantees (65 state, local, and territorial health departments, or project areas) receiving federal HIV prevention funds to design and implement a participatory community planning process. The Guidance requires health departments to work in collaboration with CPGs to design local prevention plans that best represent the needs of the various communities at risk for, or infected with, HIV.

KEY POINTS

[The CDC is the federal agency responsible for HIV prevention in the United States.

[Most community planning groups are called “CPGs”.

[**Grantees or project areas** are the state, local, and territorial health departments awarded HIV prevention Cooperative Agreement funds from CDC.

[The following project areas receive CDC HIV prevention funding:

- 50 states
- Washington, D.C.
- 6 cities—Chicago, Houston, Los Angeles, New York City, Philadelphia, San Francisco
- 8 territories—American Samoa, Guam, Marshall Islands, Federated States of Micronesia, Northern Mariana Islands, Palau, Puerto Rico, and the U.S. Virgin Islands.

[In December 1993, CDC initiated HIV prevention community planning.

HIV prevention community planning is an ongoing, comprehensive planning process that is intended to improve the effectiveness of state, local, and territorial health departments HIV prevention programs by strengthening the scientific basis, community relevance, and population- or risk-based focus of prevention interventions. HIV prevention community planning is: (1) evidence-based (i.e., based on HIV/AIDS and other epidemiological data, including STD and behavioral surveillance data; qualitative data; ongoing program experience; program evaluation; a comprehensive needs assessment and resource inventory process, and other local data), and (2) incorporates the views and perspectives of groups at risk for HIV infection for whom the programs are intended, as well as providers of HIV prevention services.

Source: The *Guidance*

What is the Task that the Community Planning Group is Expected to Accomplish?

The primary task of the CPG is to develop a comprehensive HIV prevention plan that is based on scientific evidence and community values. To develop such a plan, the CPG must accomplish several necessary steps in community planning. For example, the CPGs are tasked to learn more about the:

- Impact of the epidemic in their localities (epi profile).
- The prevention needs of the populations at risk for HIV infection, and the programs established and interventions conducted to address these needs (needs assessment, community resources inventory, and gap analysis).

Together, representatives of affected populations, epidemiologists, behavioral and social scientists, HIV/AIDS prevention service providers, health department staff, and others (e.g., representatives of organized healthcare delivery systems that serve persons with or at risk for HIV infection) analyze the course of the epidemic in their jurisdiction, assess and prioritize HIV prevention needs, identify HIV prevention interventions to meet those needs, and develop comprehensive HIV prevention plans that are directly responsive to the epidemics in their jurisdictions.

Source: The *Guidance*

Using this knowledge, CPGs establish priorities for addressing the epidemic in their areas (priority setting) and develop a comprehensive HIV prevention plan. The plan is designed to be the driving force in the health departments' allocation of federal HIV prevention resources throughout the communities they serve.

[Health departments in all 65 project areas have established CPGs.

[A **Cooperative Agreement** is a funding mechanism used to distribute federal funds.

[Community planning is the process created by implementing the *Guidance*.

[The *Guidance* is the blueprint for HIV prevention community planning.

[The *Guidance* was developed by the CDC and community advocates.

[The **comprehensive HIV prevention plan** is a document developed by the CPG.

[The state/local health department is expected to respond to the CPG's comprehensive HIV prevention plan in its application to the CDC for federal funds for HIV prevention.

[The CPG is charged with considering **all** aspects of a comprehensive HIV prevention program, including: epidemiology and surveillance; counseling, testing, referral, and partner counseling and referral services; health education and risk reduction activities; school-based education efforts; public information programs; capacity building; evaluation; technical assistance; etc.

What is the Guidance?

It is critical that CPG members read and understand the *Guidance*. It is sometimes referred to as the “bible” of community planning and outlines the:

- Essential components of a comprehensive HIV prevention program and plan
- Definition of HIV prevention community planning and core objectives
- Principles of HIV prevention community planning
- Necessary steps in the HIV prevention community planning process
- The roles and responsibilities of health departments, CPGs, and the CDC in the community planning process
- Letters of concurrence/nonconcurrence
- Accountability.

Why Was HIV Prevention Community Planning Initiated?

Prior to 1994, communities were involved in carrying out HIV prevention services but were not involved in the planning of comprehensive state/local prevention programs. Decisions regarding HIV prevention were either mandated by Congress or administered by the CDC through its Cooperative Agreement with health department grantees. Community planning was developed to reflect the belief that determining how best to respond to local HIV prevention priorities and needs is best carried out by local decision-making.

[The *Guidance* comprises the following sections:

- Essential Components of A Comprehensive HIV Prevention Program
- Financial Support of HIV Prevention Community Planning
- Definition of HIV Prevention Community Planning and Core Objectives
- Principles of HIV Prevention Community Planning
- Steps in the HIV Prevention Community Planning Process
- Essential Elements of a Comprehensive HIV Prevention Plan
- Letters of Concurrence/ Nonconcurrence
- Roles and Responsibilities (health departments, HIV prevention community planning group(s), shared responsibilities, and CDC)
- Accountability

[The HIV/AIDS epidemic varies across the country what's best for Newark may not be best for San Francisco.

[Local control in planning HIV prevention equals community planning.

Chapter Review Exercise

1. HIV prevention community planning is a collaborative process through which health departments work in partnership with _____.
2. The _____ is the blueprint for HIV prevention community planning.
3. Community planning groups use _____ as a process for addressing the epidemic in their areas and to develop a comprehensive HIV prevention plan.
4. Community planning was initiated in the year ____ to reflect the belief that determining how best to respond to local HIV prevention priorities and needs is best carried out by local decision-making.
5. The _____ _____ is expected to respond to the CPG's plan its application to the CDC for federal HIV prevention funds.
6. The CPG is charged with considering _____ aspects of a comprehensive HIV prevention program, including: epidemiology and surveillance; counseling, testing, referral, and partner counseling and referral services; health education and risk reduction activities; school-based education efforts for youth; public information programs; capacity building; evaluation; technical assistance; etc.

[illegible]

Questions to ask Yourself

Do I have a basic understanding of HIV prevention community planning?

Do I understand the following terms: *Guidance*, community planning group, grantee, project area, cooperative agreement, and comprehensive plan?

Have I completed the Chapter Review Exercise?

2

Roles and Responsibilities of CPG Members, Co-chairs, and Staff

Why Is a Clear Understanding of My Role and Responsibilities Necessary?

Each member of the CPG has a specific role to play whether representing a defined population, co-chairing, or staffing the community planning process. Because the community planning process is often intensive and demands significant volunteer hours, it is critical that each member understand his or her role.

What Does the Guidance Say about Roles and Responsibilities?

The *Guidance* mentions “Roles and Responsibilities” in several areas, including:

- All members of the HIV prevention community planning group(s) are offered a thorough orientation, as soon as possible after appointment. The orientation includes: understanding the roles and responsibilities outlined in the *Guidance*.
- “Roles and Responsibilities” section.

This chapter presents information on the basic roles and responsibilities expected of CPG members, co-chairs, and health department staff.

KEY POINTS

- [Ensure that you have a copy of your CPG’s specific roles and responsibilities (often found in the bylaws).
- [An orientation is an excellent opportunity for you to learn about your specific roles and responsibilities in community planning.
- [Be sure you can identify and explain who you represent.
- [Keep a Community Planning folder or binder for key community planning information such as roles and responsibilities, bylaws, etc.

What are the Basic Roles and Responsibilities of CPG Members?

Several CPGs across the country have developed job descriptions. Following is a basic set of roles and responsibilities for CPG members.

EXPECTED ROLE

As a member of the CPG, it may be your role to:

- Make a commitment to the process and its results.
- Participate in all decision-making and problem-solving.
- Serve on committees or work groups and complete identified tasks.
- Gather data and information, as required.

PERIOD OF COMMITMENT

- The length of commitment should be determined by the CPG and noted in its bylaws. It is usually expected that CPG members attend regularly scheduled meetings and devote a specific number of hours per month to CPG-related activities.

MAJOR RESPONSIBILITIES

- Review available epidemiologic, evaluation, and behavioral and needs assessment data to define populations at greatest risk for HIV infection.
- Set priorities among HIV prevention needs and prevention interventions.
- Contribute to the development of a comprehensive HIV prevention plan.
- Evaluate the HIV community planning process.
- Assess the responsiveness of the health department's application in addressing CPG priorities identified in the comprehensive HIV prevention plan.
- Determine technical assistance needs for effective participation in the community planning process.

What are the Basic Roles and Responsibilities of CPG Co-chairs?

EXPECTED ROLE

As a co-chair of the CPG, it may be your role to:

- Develop an agenda based on input from the CPG.
- Serve as a facilitator for CPG meetings and share responsibilities with your co-chair(s).
- Participate in briefings before and after each meeting.
- Ensure that CPG members are properly oriented regarding their role in the planning group.

QUESTIONS TO ASK

- [How did I become a CPG member?
- [Do I have to sign a letter of commitment?
- [Is it mandatory that I serve on a committee or work group?
- [How much time per month will community planning take?
- [How long is my term?
- [Is it possible to be re-elected? If so, for how long?
- [How do I obtain a copy of the epi profile?
- [Is there a specific orientation to all of the data sets that the CPG uses?
- [When did the CPG set priorities? When will they be set again?
- [How do I evaluate the community planning process?
- [How do I determine whether the health department's application agrees with the CPG's plan?
- [Are CPG members able to request technical assistance?

QUESTIONS TO ASK

- [Who appoints the health department co-chair?
- [If the co-chairs are uncomfortable with facilitating CPG meetings, are funds available to retain a facilitator?

PERIOD OF COMMITMENT

The term of service for co-chairs should be determined by the CPG and noted in its bylaws. The *Guidance* requires that one co-chair represent the grantee or health department and that the other represent the community.

MAJOR RESPONSIBILITIES

In addition to the responsibilities outlined for CPG members, co-chairs may also perform the following duties:

- Determine how to jointly share co-chair responsibilities.
- Seek input from CPG in determining an agenda for each meeting.
- Review the minutes from each meeting and ensure that they accurately depict the deliberations.
- Manage conflicts which may arise among members of the CPG.
- Represent the sentiments of CPG members when preparing a letter of concurrence or nonconcurrence to accompany the health department's application for federal HIV prevention funds.

What are the Basic Roles and Responsibilities of Health Department Staff who Support the CPG?

State and local health departments fulfill an important role in supporting HIV prevention community planning. In general, health departments offer three types of support to the community planning process: (1) leadership, (2) technical, and (3) logistical.

The specific responsibilities of the health department should be addressed so that members are introduced to the community planning process.

MAJOR ROLES AND RESPONSIBILITIES

Leadership responsibilities may include:

- Involving different units of the health department in supporting the planning process.
- Promoting community participation from diverse groups.
- Ensuring that the CPG fully understands its roles and responsibilities.
- Providing guidance and support to the CPG co-chairs and members.

Technical responsibilities may include:

- Furnishing epidemiologic data and information on defined populations or interventions.
- Compiling a profile of existing community resources.
- Assisting in conducting needs assessments and analyzing data.
- Providing information concerning effective strategies for HIV prevention.
- Allocating funds based on priorities set forth in the prevention plan.

[How often do the co-chairs meet?

[What is the co-chair's term of appointment?

[How many co-chairs has the CPG had? Who were they?

[Who develops the agenda and disseminates it?

[What process does the CPG use to make decisions?

[Does our CPG have a conflict of interest statement that CPG members sign?

[Is the concurrence/nonconcurrence process clear?

[Did we discuss the health department's application to the CDC, including the budget?

QUESTIONS TO ASK

[Who are the health department staff involved in community planning?

[What can we expect from health department staff?

[What should we not ask of them?

[Do health department staff participate in decision-making?

[Are health department staff accessible?

Logistical responsibilities may include:

- Developing a comprehensive work plan with targeted completion dates.
- Managing the logistics of committee meetings.
- Disseminating materials to CPG members.

Chapter Review Exercise

1. The *Guidance* states that an orientation for new members should include an understanding of _____ of CPG members.
2. CPGs across the country have developed _____ to explain the roles and responsibilities of CPG members.
3. The length of commitment should be determined by the CPG and noted in its _____.
4. The *Guidance* requires that one _____ represent the grantee or health department and that the other represent the community.
5. Health departments offer three distinct types of support to the community planning process: _____, _____, and _____.



Questions to ask Yourself

Do I understand the varying roles and responsibilities of CPG members, co-chairs, and staff?

Do I understand the full responsibility of being a CPG member? Will I be able to fulfill this responsibility?

Have I completed the Chapter Review Exercise?

3

The Nine Steps and 15 Principles of Community Planning

What do CPGs do?

The simple answer is: they plan! The main product that CPG members create is a comprehensive HIV prevention plan. To arrive at a plan, however, several other steps must be completed. This chapter, therefore, sets forth the necessary steps involved in community planning and the key principles involved in the process.

KEY POINTS

[The comprehensive HIV prevention plan is produced by the CPG.

What are the Nine Steps of Community Planning?

The *Guidance* describes the nine steps of the HIV Prevention Community Planning process. Please keep in mind the *Guidance* provides a framework for what must be accomplished in community planning, thereby leaving flexibility for CPGs to determine “how” they will accomplish the necessary steps.

[As with a recipe, the *Guidance* defines nine necessary steps but does not specify exactly how to accomplish them.

The nine steps are as follows:

1. **Develop an Epidemiologic Profile**—Assess and describe the extent, distribution, and impact of HIV/AIDS in defined populations in the community, as well as relevant risk behaviors.
2. **Conduct a Needs Assessment**—Conduct a needs assessment of the HIV prevention needs of the populations identified by the epidemiologic profile as being at high risk for HIV infection.
3. **Assemble a Resource Inventory**—Assess existing community resources for HIV prevention to determine the community’s capacity to respond to the epidemic. These resources may or may not be directly HIV-related, but may include the existence of social

[Step 1: Develop a profile of AIDS and AIDS-related data for populations at risk for HIV/AIDS.

[Step 2: Determine the HIV prevention needs of populations at high risk for HIV infection.

[Step 3: Develop an inventory of key HIV- and non-HIV-related resources in the community.

networks, educational institutions, businesses, or other community-building activities that may favor HIV risk reduction.

4. **Conduct a Gap Analysis**—Using the needs assessment and resource inventory, identify met and unmet HIV prevention needs within in high-risk populations defined in the epidemiologic profile. Analyzing the gaps between the needs of at-risk populations and the existing services will help in setting priorities.
5. **Identify Potential Strategies and Interventions**—Identify potential strategies and interventions that can be used to prevent new HIV infections within the high-risk populations defined in the epidemiologic profile, needs assessment, and resource inventory.
6. **Prioritize Populations and Interventions**—Prioritize HIV prevention needs in terms of (1) high-risk populations, and (2) interventions and strategies for each high-risk population identified.
7. **Develop a Plan**—Develop a comprehensive HIV prevention plan consistent with the high priority HIV prevention needs identified through the HIV prevention community planning process.
8. **Evaluate the Planning Process**—Health departments should track and keep records on an ongoing basis to evaluate the effectiveness of the community planning process and the development and implementation of the comprehensive HIV prevention plan.
9. **Update the Plan**—Once a comprehensive has been developed, the community planning group should periodically review it.

[Step 4: Identify and describe the gaps in services for defined high-risk populations.

[Step 5: Identify and describe how specific interventions are expected to prevent HIV.

[Step 6: Rank HIV prevention needs by target populations and interventions for high-risk populations.

[Step 7: Create a document that accurately presents the CPG's work on steps one through six.

[Step 8: Evaluate the community planning process, including the Plan (development and implementation).

[Step 9: Keep the plan "alive" by ensuring the information is up-to-date.

How Do CPGs Accomplish the Necessary Steps?

As mentioned, CPGs have the flexibility to accomplish the nine steps according to what works best for the project area. For example, most CPGs have created committees or work groups to accomplish specific steps or tasks. Some CPGs work with the health department to develop contracts for specific tasks such as the needs assessment or resource inventory.

In addition, most CPGs develop close working relationships with health department staff to accomplish the epidemiologic profile, to write the plan, and to evaluate the process. However your group accomplishes the nine steps, it is important that both the process for completing the step(s) and the finished product are accurately described and presented in the comprehensive plan.

[Ask your co-chairs to explain "how" the CPG accomplishes each of the nine steps. What committees or work groups have been established? What role do health department staff play in completing any of the steps?

What are the Principles of Community Planning?

To ensure that HIV prevention community planning is accomplished in a participatory manner, the CDC requires that all grantees address the principles of HIV prevention community planning. A detailed discussion of these standards is set forth in Chapter 4 of this guide. Presented below is an abridged version of the CDC principles that are critical to successful community planning:

1. HIV prevention community planning reflects an open, candid, and participatory process in which differences in cultural and ethnic background, perspective, and experience are essential and valued.
2. HIV prevention community planning is characterized by shared priority setting between health departments and communities.
3. Priority setting accomplished through a community planning process produces programs that are responsive to high priority, community-validated needs within defined populations.
4. HIV prevention community planning is characterized by these fundamental tenets: inclusion, representation, and parity.
5. Representation on a community planning group includes:
 - persons who reflect the characteristics of the current and projected epidemic in the project area in terms of age, gender, race/ethnicity, socioeconomic status, geographic distribution, and risk for HIV infection;
 - staff of state/local health departments (HIV and STD programs), staff of state/local education agencies, staff of other relevant governmental agencies;
 - experts in epidemiology, behavioral and social sciences, program evaluation, and health planning;
 - representatives of key non-governmental and governmental organizations providing HIV prevention and related services to persons with or at risk for HIV infection; and
 - representatives of key non-governmental and governmental organizations relevant to, but who may not provide, HIV prevention services.
6. The HIV prevention community planning process attempts to accommodate a reasonable number of representatives without becoming so large that it cannot effectively function.
7. Nominations for membership are solicited through an open process and candidates are selected, based on criteria that has been established by the health department and CPG.
8. All members of the CPG(s) are offered a thorough orientation, as soon as possible after appointment.

[CDC requires grantees to address the principles of community planning.

[Community planning is a continual process, not a "one-time-only" event.

[The CPG needs to create an environment which supports active participation.

[A primary component of community planning is inclusive and shared priority-setting.

[Definitions for PIR:

- *Parity*: all members of the CPG are provided opportunities for orientation and skills building to participate in the process and to have an equal voice in voting and other decision-making activities.
- *Inclusion*: the assurance that the views, perspectives, and needs of all affected communities are included and involved in a meaningful manner in the community planning process.
- *Representation*: the assurance that those who are representing a specific community truly reflect that community's values, norms, and behaviors.

[The recruitment process for membership should be proactive in including socioeconomically marginalized groups and groups that are underserved by existing HIV prevention programs.

[CPGs should seek additional avenues for obtaining input on community HIV prevention needs and priorities such as holding community meetings, focus groups, ad hoc panels, etc.

9. Health departments assure that the CPG(s) has access to current information related to HIV prevention and analyses of the information, including potential implications for HIV prevention in the jurisdiction.
10. Identification, interpretation, and prioritization of HIV prevention needs reflect the epidemiologic profile, needs assessment, resource inventory, and culturally relevant and linguistically appropriate information obtained from communities to be served, particularly persons with or at risk for HIV infection.
11. Priority setting for specific HIV prevention strategies and interventions is based on specific criteria outlined in the *Guidance* (see “Essential Elements of a Comprehensive HIV Prevention Plan,” #6, Prioritization of Populations and Interventions) and each criterion should be formally considered by the CPG during priority setting deliberations.
12. The HIV prevention community planning process produces a comprehensive HIV prevention plan, jointly developed by the health department and the CPG(s), which includes specific, high priority HIV prevention strategies and interventions targeted to defined populations.
13. The allocation of CDC-awarded resources reflects, to a reasonable degree, the epidemic in the jurisdiction.
14. Because the plan is comprehensive, it is distributed widely as a resource to guide programmatic activities and resources outside of those supported with CDC federal HIV prevention funds.
15. The HIV prevention community planning process is evaluated to ensure that it is meeting the core objectives of community planning.

What Next?

Now that you have a better understanding of the necessary steps and the key principles of HIV prevention community planning, it is important to become familiar with the *Guidance*. Chapter 4 provides the text of the most recently updated *Guidance*, as well as a side-by-side annotated version.

[The nominations process should be clear (criteria should be described in the grantee's application) and should ensure representation from underserved populations.

[CPG members should know the *Guidance*, roles and responsibilities, and their CPG's operating procedures.

[CPG decisions should be based on key data available to the entire group.

[Approaches for priority setting should be based, at a minimum, on the *Guidance*.

[A comprehensive HIV prevention plan is the main product of the community planning process.

[If the allocation of HIV prevention funds does not correspond to the state/local epidemic, there should be a convincing explanation for the discrepancy.

[The comprehensive plan is intended to be used as a tool for implementing programs; thus, it should be in people's hands, and not be sitting on a shelf.

[Continual evaluation of the community planning process is necessary.

[9 steps + 15 principles = basic elements of community planning.

Chapter Review Exercise

1. The main product that the CPG creates is a _____
_____.
2. To ensure that HIV prevention community planning is accomplished in a participatory manner, the CDC requires that all of the grantees address the _____.
3. A gap analysis should help you identify _____ and _____ prevention needs within high-risk populations defined in the epidemiologic profile.
4. HIV prevention community planning is characterized by _____ priority setting between _____ and communities.
5. _____ is the assurance that the views, perspectives, and needs of all affected communities are included and involved in a meaningful manner in the community planning process.
6. Identification, interpretation, and prioritization of HIV prevention needs reflect the _____ profile, _____ assessment, _____ inventory, and culturally relevant and linguistically appropriate information obtained from communities to be served, particularly persons with or at risk for HIV infection.

[XXXXXXXXXXXXXXXXXXXXXXXXXXXX]

Questions to ask Yourself

Do I have any questions regarding the nine steps?

Who is responsible for each of the steps?

Do I understand the 15 principles involved in community planning?

Have I completed the Chapter Review Exercise?

4

A Side-by-Side Companion to the Guidance

What is the Side-by-Side Companion?

This **Side-by-Side Companion** presents an annotated summary of the *Guidance for HIV Prevention Community Planning*. The purpose of this chapter is to provide CPG members with an abridged version of the *Guidance*.

This *Guidance* provides the basic framework for CDC HIV prevention grantees (state and local health departments) to implement HIV prevention community planning. In January of 1994, the CDC officially initiated HIV Prevention Community Planning. In the summer of 1998, CDC issued a revised *Guidance* for HIV Prevention Community Planning. The text on the **left**-hand side of the page is the “**official**” *Guidance*. The text on the **right**-hand side of the page is the annotated version. The text on the right is intended to be more user-friendly; however, it is not a replacement for the official language of the *Guidance*.

GUIDANCE
HIV Prevention Community Planning
FOR HIV PREVENTION COOPERATIVE
AGREEMENT RECIPIENTS

ESSENTIAL COMPONENTS OF
A COMPREHENSIVE HIV
PREVENTION PROGRAM

To implement a comprehensive HIV prevention program, State, local, and territorial health departments that receive HIV Prevention Cooperative Agreement funds should assure that efforts in their jurisdictions include all of the following essential components:

1. HIV prevention community planning, in accordance with this guidance;
2. Epidemiologic and behavioral HIV/AIDS surveillance, as well as collection of other health and demographic data relevant to HIV risks, incidence, or prevalence;
3. HIV prevention counseling, testing, referral, and partner counseling and referral services, with strong linkages to medical care, treatment, and other needed services;
4. Health education and risk reduction (HE/RR) activities, including individual-, group-, and community-level interventions;
5. Easy access to diagnosis and treatment of other sexually transmitted diseases;
6. School-based education efforts for youth;
7. Public information programs;
8. Quality assurance and training;
9. Laboratory support;
10. HIV prevention capacity-building activities, including expansion of the public health infrastructure by contracting with non-governmental organizations, especially community-based organizations;
11. Evaluation of major program activities, interventions, and services; and
12. An HIV prevention technical assistance assessment and plan.

HIV Prevention Community Planning Standards
(Rules) for Health Departments & CPGs

Essential Components of
a Comprehensive HIV
Prevention Program

Federal HIV prevention funds support comprehensive state/local HIV prevention programs. State/local HIV prevention programs should include all of the following:

1. HIV Prevention Community Planning,
- 2.* HIV/AIDS Surveillance (epidemiologic and behavioral) and key data (demographic and health) relating to HIV prevalence, incidence, and risk behaviors;
3. HIV prevention counseling, testing, referral, and partner counseling and referral services (formerly referred to as counseling, testing, referral, and partner notification) linked to medical care, treatment, and other key services;
4. Health education and risk reduction interventions (which include individual-, group-, and community-level programs)
- 5.* Linkages with STD prevention and treatment programs for easy access to diagnosis and treatment of other sexually transmitted diseases;
- 6.* School-based education programs for youth;
7. Public information programs;
8. Quality assurance and training;
9. Laboratory support;
10. HIV prevention-related capacity-building activities such as supporting non-governmental organizations, especially community-based organizations;
11. Evaluation of major program activities, interventions, and services; and
12. An HIV prevention technical assistance assessment and plan.

(*Note: Services for #2, #5, #6 are NOT specifically funded through HIV prevention cooperative agreement funds.)

This *Guidance* focuses on #1: HIV Prevention Community Planning. The *Guidance* provides **minimum** standards that the CDC requires of health departments and community planning groups in implementing HIV prevention community planning.

All of these components except numbers 2, 5, and 6 are funded primarily under the HIV prevention cooperative agreement program with health departments. This guidance addresses the first of these components, HIV prevention community planning, and outlines the minimum standards that CDC requires of health departments in the implementation of the community planning process. Definitions and programmatic standards and guidelines referenced in this guidance are further described in the materials included with program announcement #99004.

FINANCIAL SUPPORT OF HIV PREVENTION COMMUNITY PLANNING

HIV prevention cooperative agreement funds should be used to support all aspects of the community planning process, including:

- Supporting planning group meetings, public meetings, and other means for obtaining community input;
- Facilitating involvement of all community planning group members in the planning process, particularly those persons with and at risk for HIV infection;
- Supporting capacity development for inclusion, representation, and parity of community representatives and other planning groups members to participate effectively in the process;
- Providing technical assistance to health departments and community planning groups;
- Supporting infrastructure for the HIV prevention community planning process;
- Collecting, analyzing, and disseminating relevant data; and
- Evaluating the community planning process.

DEFINITION OF HIV PREVENTION COMMUNITY PLANNING AND CORE OBJECTIVES

HIV prevention community planning is an ongoing, comprehensive planning process that is intended to improve the effectiveness of State, local, and Territorial health departments' HIV prevention programs by strengthening the

For more definitions and HIV prevention programmatic standards, refer to Program Announcement #99004 (your health department or CDC Project Officer can get you a copy).

Financial Support of HIV Prevention Community Planning

HIV prevention funds should be used to support HIV prevention community planning activities, including:

- [Meeting logistics (CPG, public, and other input-focused meetings);
- [Supporting community planning group member involvement (such as transportation, expense reimbursement, etc.), especially for persons with or at risk for HIV infection;
- [Supporting parity, inclusion, and representation (PIR) capacity development (through technical assistance and/or training) for planning group members;
- [Providing technical assistance to health departments and community planning groups;
- [Supporting infrastructure for the HIV prevention community planning process (such as staff, consultants, contracts, etc.);
- [Collecting, analyzing, and disseminating data; and
- [Evaluating the community planning process.

Definition of HIV Prevention Community Planning & The Core Objectives

HIV prevention community planning is expected to improve HIV prevention programming by strengthening the: (1) Scientific basis, (2) Community relevance, and (3) Population- or risk-based focus of prevention interventions.

HIV prevention community planning should be driven by:

scientific basis, community relevance, and population- or risk-based focus of prevention interventions. HIV prevention community planning is (1) evidence-based (i.e., based on HIV/AIDS and other epidemiologic data, including STD and behavioral surveillance data; qualitative data; ongoing program experience; program evaluation; a comprehensive needs assessment and resource inventory process, and other local data) and (2) incorporates the views and perspectives of groups at risk for HIV infection for whom the programs are intended, as well as providers of HIV prevention services.

Together, representatives of affected populations, epidemiologists, behavioral and social scientists, HIV/AIDS prevention service providers, health department staff, and others (e.g., representatives of organized healthcare delivery systems that serve persons with or at risk for HIV infection) analyze the course of the epidemic in their jurisdiction, assess and prioritize HIV prevention needs, identify HIV prevention interventions to meet those needs, and develop comprehensive HIV prevention plans that are directly responsive to the epidemics in their jurisdictions.

Prioritizing HIV prevention needs is a critical part of program planning. Community planning group members are expected to follow a logical, evidence-based process in order to determine the highest priority, population-specific prevention needs in their jurisdiction. These prioritized prevention needs are particularly important to the health department in allocating prevention dollars. Specific high priority HIV prevention needs (both populations and interventions) identified in the comprehensive HIV prevention plan are then operationalized in the health department's application to CDC for federal HIV prevention funds. There should be strong, logical linkages between the community planning process, the comprehensive HIV prevention plans, the health department's application for federal funds, and the allocation of federal HIV prevention resources by the health department.

CDC monitors progress in community planning through the following five core objectives:

[**Evidence**—HIV/AIDS epidemiologic surveillance and other data (such as STD and behavioral surveillance data); qualitative data; ongoing program experience; program evaluation; a comprehensive needs assessment and resource inventory; and other local data; and

[**Community Values**—views and perspectives of groups at risk for, or infected/affected with HIV, and HIV prevention service providers.

HIV prevention community planning is a shared responsibility. Community planning requires a broad mix of experts (representatives of affected populations, epidemiologists, behavioral and social scientists, HIV/AIDS prevention service providers, health department staff, and others — e.g., representatives of healthcare providers that serve persons with or at risk for HIV infection) to come together and share responsibilities for analyzing the local epidemic, assessing needs and resources, setting priorities for target populations and interventions, and developing a comprehensive HIV prevention plan.

Setting priorities for target populations and interventions is a critical part of community planning. A participatory priority-setting process (using the best data available) should result in HIV prevention programs that are responsive to high priority, community-validated needs of specific populations.

[Prioritized prevention needs are important to the health department in allocating prevention dollars.

[The community planning group's priority HIV prevention needs (both populations and interventions) identified in the comprehensive HIV prevention plan are operationalized in the health department's application to CDC for federal HIV prevention funds.

[There should be linkages between the community planning process, the comprehensive HIV prevention plan, the health department's application for federal funds, and the allocation of federal HIV prevention resources by the health department.

Core Objectives:

- Fostering the openness and participatory nature of the community planning process.
- Ensuring that the community planning group(s) reflects the diversity of the epidemic in the jurisdiction, and that expertise in epidemiology, behavioral/social science, health planning, and evaluation are included in the process.
- Ensuring that priority HIV prevention needs are determined based on an epidemiologic profile and a needs assessment.
- Ensuring that interventions are prioritized based on explicit consideration of priority needs, outcome effectiveness, cost and cost effectiveness, theory, and community norms and values.
- Fostering strong, logical linkages between the community planning process, application for funding, and allocation of CDC HIV prevention resources.

Community planning groups may choose to take a long-term approach to their planning process, in one year reviewing the plan and developing action steps to strengthen it; in the next, focusing on implementing the steps and revising the plan; in the next, focusing on a particular population for which more information is needed; in the fourth, returning to the basic community planning steps. The planning process should be flexible, with the emphasis on undertaking meaningful tasks that contribute to, and enhance, the comprehensive plan. The important, overall goal of HIV prevention community planning is to have in place a comprehensive HIV prevention plan that is current, evidence based, adaptable as new information becomes available, tailored to the specific needs and resources of each jurisdiction, and widely distributed in an effort to provide a roadmap for prevention that can be used by all prevention providers in the jurisdiction.

Core Objectives—In addition to the *Principles and Necessary Steps of Community Planning*, CDC monitors progress in community planning, nationally, through the following five core objectives:

- [*Core Objective #1:* The community planning process should be open and highly participatory.
- [*Core Objective #2:* The community planning group(s) membership should reflect the local (project area's) epidemic, and members or participants should include experts in epidemiology, behavioral/social science, health planning, and evaluation.
- [*Core Objective #3:* HIV prevention priority needs should be based on an epidemiologic profile and a needs assessment.
- [*Core Objective #4:* Priority setting for interventions should be based on explicit consideration of priority needs, outcome effectiveness, cost effectiveness, theory, and community norms and values.
- [*Core Objective #5:* Clear linkages should exist between the community planning process, the health department's application for funding, and allocation of federal HIV prevention resources within the project area.

The planning process should be flexible. Community planning groups may choose to complete their planning process over multiple years. For example: (a) in one year, focusing on reviewing the plan and developing action steps to strengthen it; (b) in the next year, focusing on implementing the steps and revising the plan; (c) in the next year, focusing on a particular population or set of interventions for which more information is needed; and (d) in the next year, returning to the basic community planning steps.

The overall goal of HIV prevention community planning is to develop and have in place a comprehensive HIV prevention plan that is:

- [Current, evidence-based, and refreshed with new information as it becomes available,
- [Tailored to the specific needs and resources of each jurisdiction, and
- [Widely distributed.

The plan should provide a roadmap for prevention that can be used by all prevention providers in the jurisdiction.

PRINCIPLES OF HIV PREVENTION COMMUNITY PLANNING

The following principles trace their origins to several sources: HIV prevention program assessments conducted by CDC staff; CDC's Planned Approach to Community Health (PATCH) program; CDC's Assessment Protocol for Excellence in Public Health (APEX/PH) project; the ASTHO/NASTAD/CSTE State Health Agency Vision for HIV Prevention; the June 1994 External Review of CDC's HIV Prevention Strategies by the CDC Advisory Committee on the Prevention of HIV Infection; experience and recommendations of health departments and non-governmental organizations; the health promotion, community development, behavioral and social sciences literature; and CDC and its partners' experience in implementing community planning since 1994.

All grantees are required to adhere to the following principles:

1. HIV prevention community planning reflects an open, candid, and participatory process, in which differences in cultural and ethnic background, perspective, and experience are essential and valued.
2. HIV prevention community planning is characterized by shared priority setting between health departments administering and awarding HIV prevention funds and the communities for whom the prevention services are intended.
3. Priority setting accomplished through a community planning process produces programs that are responsive to high priority, community-validated needs within defined populations. Persons at risk for HIV infection and persons with HIV infection play a key role in identifying prevention needs not adequately met by existing programs and in planning for needed services that are culturally appropriate. HIV prevention programs developed with input from affected communities are likely to be successful in garnering the necessary public support for effective implementation and in preventing the transmission of HIV infection.

Principles of HIV Prevention Community Planning

The principles of HIV Prevention Community Planning were developed from a diverse set of inputs, processes, and experiences.

Although there is no "one way" to accomplish community planning, **CDC's grantees are required to adhere to the following principles** for HIV prevention community planning:

1. The community planning process should strive to create an environment which allows for open participation in which differences in background, perspective, and experience are essential and valued.
2. The core of community planning is based on a foundation of shared priority-setting between the health department and the community.
3. By setting priorities for prevention needs, the community planning process results in programs that are responsive to high priority, community-validated needs within defined populations.
[Persons at risk for HIV infection and persons with HIV infection should play a key role in identifying prevention needs not adequately met by existing programs and in planning for needed services that are culturally appropriate.
[HIV prevention programs developed with input from affected communities are likely to be better received and more successful in garnering public support for effective implementation and in preventing the transmission of HIV infection.

4. HIV prevention community planning is characterized by inclusion, representation, and parity. These are fundamental tenets of HIV prevention community planning.

Inclusion is defined as *the assurance that the views, perspectives, and needs of all affected communities are included and involved in a meaningful manner in the community planning process*. This is the assurance that the community planning process is inclusive of all the needed perspectives.

Representation is *the assurance that those who are representing a specific community truly reflect that community's values, norms, and behaviors*. This is the assurance that those representatives who are included in the process are truly able to represent their community. However, these representatives must also be able to participate as group members in objectively weighing the overall priority prevention needs of the jurisdiction.

Parity is the condition whereby *all members of the HIV prevention community planning group are provided opportunities for orientation and skills building to participate in the planning process and to have equal voice in voting and other decision-making activities*. This is ensuring that those representatives who are included in the process can participate equally in the decision-making process.

5. Representation on a community planning group includes:
 - Persons who reflect the characteristics of the current and projected epidemic in that jurisdiction (as documented by the epidemiologic profile) in terms of age, gender, race/ethnicity, socioeconomic status, geographic and metropolitan statistical area (MSA)-size distribution (urban and rural residence), and risk for HIV infection. Members should articulate for, and have expertise in understanding and addressing, the specific HIV prevention needs of the populations they represent. At the same time, they must be able to participate as group members in objectively weighing the overall priority prevention needs of the jurisdiction.
 - Staff of state and local health departments,

4. Parity, inclusion, and representation (PIR) are fundamental goals in HIV prevention community planning.

[Definition: **Inclusion**—*the assurance that the views, perspectives, and needs of all affected communities are included and involved in a meaningful manner in the community planning process*.

[Definition: **Representation**—*the assurance that those who are representing a specific community [CPG members] truly reflect that community's values, norms, and behaviors*. In addition, these representatives must also be able to participate objectively in setting overall priorities for prevention needs in the jurisdiction.

[Definition: **Parity**—*all members of the HIV prevention community planning group are provided opportunities for orientation and skills building to participate in the planning process and to have equal voice in voting and other decision-making activities*.

5. Community planning group members/ representatives include:
 - [Persons who reflect the characteristics (age, gender, race/ethnicity, socioeconomic status, geographic distribution — urban and rural residence — and risk for HIV infection) of the current and projected epidemic of the jurisdiction (as documented in the epidemiologic profile).
 - [State/local health department staff, including the HIV prevention and STD treatment programs; staff of state/local education agencies; and staff of other relevant governmental agencies (e.g., substance abuse, mental health, corrections).

including the HIV prevention and STD treatment programs; staff of state and local education agencies; and staff of other relevant governmental agencies (e.g., substance abuse, mental health, corrections).

- Experts in epidemiology, behavioral and social sciences, program evaluation, and health planning.
- Representatives of key non-governmental and governmental organizations providing HIV prevention and related services (e.g., STD, TB, substance abuse prevention and treatment, mental health services, homeless shelters, HIV care and social services) to persons with or at risk for HIV infection.
- Representatives of key non-governmental organizations relevant to, but who may not necessarily provide, HIV prevention services (e.g., representatives of business, labor, and faith communities).

6. The HIV prevention community planning process attempts to accommodate a reasonable number of representatives without becoming so large that it cannot effectively function. To assure needed input without becoming too large to function, HIV prevention community planning group(s) seek additional avenues for obtaining input on community HIV prevention needs and priorities, such as holding well-publicized public meetings, conducting focus groups, and convening ad hoc panels. This is especially important for obtaining input relevant to marginalized populations or to scientific or agency representation that may be difficult to recruit and retain as members of the planning group.
7. Nominations for membership are solicited through an open process and candidates are selected, based on criteria that has been established by the health department and the community planning group. The nomination and selection of new community planning group members occurs in a timely manner to avoid vacant slots or disruptions in planning. In addition, the recruitment process for membership in the HIV prevention community planning process is proactive to

[Experts in epidemiology, behavioral and social sciences, program evaluation, and health planning.

[Representatives of key non-governmental and governmental organizations providing HIV prevention and related services to persons with or at risk for HIV infection.

[Representatives of key non-governmental organizations relevant to, but who may not necessarily provide, HIV prevention services (e.g., representatives of business, labor, and faith communities).

6. The HIV prevention community planning group should not become so large in size that it cannot effectively function.

[To assure non-member input, HIV prevention community planning group(s) seek additional avenues for obtaining input on community HIV prevention needs and priorities, such as holding well-publicized public meetings, conducting focus groups, and convening ad hoc panels. This is especially important for obtaining input relevant to marginalized populations or to scientific or agency representation that may be difficult to recruit and retain as members of the planning group.

7. The nominations process needs to be clear (criteria should be described in the CPG's comprehensive HIV prevention plan and in the CDC grantee's application for Cooperative Agreement HIV prevention funds).

[The nomination and selection process of new members should ensure timely replacement of vacant member slots.

[The process should ensure representation from underserved populations.

ensure that socioeconomically marginalized groups, and groups that are underserved by existing HIV prevention programs, are represented.

8. All members of the HIV prevention community planning group(s) are offered a thorough orientation, as soon as possible after appointment. The orientation includes:
 - Understanding the roles and responsibilities outlined in this document,
 - Understanding the specific policies, procedures, and ground rules for deliberations and decision-making, resolving disputes, and avoiding conflict of interests that are consistent with the principles of this guidance and are developed with input from all parties. These policies and procedures address:
 - Process for making decisions within the planning group (vote, consensus, etc.),
 - Conflict(s) of interest for members of the planning group(s),
 - Disputes within and among planning group(s),
 - Differences between the planning group(s) and the health department in the prioritization and implementation of programs/services, and
 - A process for resolving these disputes in a timely manner when they occur.
 - Understanding the history of the community planning group and its decisions to date, and
 - Understanding HIV prevention interventions and comprehensive prevention programs.

Orienting new members is an ongoing process that may include mentoring new members throughout the year.

9. Health departments assure that HIV prevention community planning group(s) have access to current information related to HIV prevention and analyses of the information, including potential implications for HIV prevention in the jurisdiction. Sources of information include evaluations of program activities, local program experience,

8. All members of the HIV prevention community planning group(s) are offered a thorough orientation, as soon as possible after appointment.

[Orienting new members is an ongoing process that may include mentoring new members throughout the year.

The orientation should include:

- [Understanding the roles and responsibilities outlined in the Guidance,
- [Understanding the specific policies, procedures, and ground rules for decision-making, resolving disputes, and avoiding conflict of interests
- [Policies should be consistent with the principles of this Guidance and developed with input from all parties. These policies and procedures address:
 - [Decision making within the planning group (vote, consensus, etc.),
 - [Conflict(s) of interest for members of the planning group(s),
 - [Disputes within and among planning group(s),
 - [Differences between the planning group(s) and the health department in the prioritization and implementation of programs/services, and
 - [A process for resolving these disputes in a timely manner when they occur.
- [Understanding the history of the community planning group and its decisions to date, and
- [Understanding HIV prevention interventions and comprehensive prevention programs.

9. The health department is responsible for ensuring that the CPG(s) has access to HIV prevention information, and analyses of the information such as potential implications for the jurisdiction. Information sources include:

- [Evaluations of program activities,
- [Local program experience,
- [Programmatic research,

[The best available science, and

programmatic research, the best available science, and other sources, especially as it relates to the at-risk population groups within a given community and the priority needs identified in the comprehensive plan.

10. Identification, interpretation, and prioritization of HIV prevention needs reflect the epidemiologic profile, needs assessment, resource inventory, and culturally relevant and linguistically appropriate information obtained from the communities to be served, particularly persons with or at risk for HIV infection.
11. Priority setting for specific HIV prevention strategies and interventions is based on specific criteria outlined in this document and each criterion should be formally considered by the HIV prevention community planning group(s) during priority-setting deliberations.
12. The HIV prevention community planning process produces a comprehensive HIV prevention plan, jointly developed by the health department and the HIV prevention community planning group(s), which includes specific, high priority HIV prevention strategies and interventions targeted to defined populations. Each health department's application for CDC funds addresses the plan's high priority elements that can be met by HIV prevention cooperative agreement funds. The comprehensive plan includes the essential elements listed in the section *Essential Elements of a Comprehensive HIV Prevention Plan*. For jurisdictions with multiple planning groups and plans, and with no jurisdiction-wide group, the health department should, at a minimum, develop a jurisdiction-wide summary of recommendations and conclusions. This should include jurisdiction-wide HIV prevention goals for priority populations with defined priority interventions as determined from among regional priorities, as well as a jurisdiction-wide summary of coordination, technical assistance, and evaluation activities.

[Other sources, especially as it relates to the at-risk population groups within a given community and the priority needs identified in the comprehensive plan.

10. Priority setting is based on the epidemiologic profile, needs assessment, resource inventory, and culturally relevant and linguistically appropriate information obtained from the communities to be served, particularly persons with or at risk for HIV infection.
11. Priority setting for specific HIV prevention interventions is based on the criteria outlined in this *Guidance* (see, Essential Elements of a Comprehensive HIV Prevention Plan, #6—Prioritization of Populations and Interventions). The CPG(s) should formally consider each criterion during its priority setting process.
12. A major product of the community planning process is a comprehensive HIV prevention plan, jointly developed by the health department and the HIV prevention community planning group(s).
 - [The plan should include specific, high priority HIV prevention strategies and interventions targeted to defined populations.
 - [Each health department's application for CDC funds addresses the plan's high priority elements that can be met by HIV prevention cooperative agreement funds.
 - [The comprehensive plan includes the essential elements listed in the *Guidance* section *Essential Elements of a Comprehensive HIV Prevention Plan*.
 - [**For jurisdictions with multiple planning groups and plans**, and with no jurisdiction-wide group, the health department should, at a minimum, develop a jurisdiction-wide summary of recommendations and conclusions.
 - [This should include jurisdiction-wide HIV prevention goals for priority populations with defined priority interventions as determined from regional priorities, as well as a jurisdiction-wide summary of coordination, technical assistance, and evaluation activities.

13. The allocation of CDC-awarded resources reflects, to a reasonable degree, the epidemic in a jurisdiction. When this is not the case, there should be a convincing explanation for discrepancies, i.e., the use of state or other funds.
14. Because the plan is comprehensive, it is distributed widely as a resource to guide programmatic activities and resources outside of those supported with CDC federal HIV prevention funds.
15. The HIV prevention community planning process is evaluated to ensure that it is meeting the core objectives of community planning.

STEPS IN THE HIV PREVENTION COMMUNITY PLANNING PROCESS

After convening a representative group, the steps of the HIV prevention community planning process are as follows:

1. **Develop an Epidemiologic Profile**
Assess and describe the extent, distribution, and impact of HIV/AIDS in defined populations in the community, as well as relevant risk behaviors. This is the starting point for defining future HIV prevention needs in defined, targeted populations within the health department's jurisdiction.
2. **Conduct a Needs Assessment**
Conduct an assessment of the HIV prevention needs of the populations identified by the epidemiologic profile as being at high risk for HIV infection.
3. **Assemble a Resource Inventory**
Assess existing community resources for HIV prevention to determine the community's capability to respond to the epidemic. These resources may or may not be directly HIV-related, but may include the existence of social networks, educational institutions, businesses, or other community-building activities that may favor HIV risk reduction.

13. The allocation of CDC-awarded resources by the health department reflects the epidemic in a jurisdiction. When this is not the case, there should be a convincing explanation for discrepancies, i.e., the use of state or other funds.
14. The plan should be widely distributed — it is intended to serve as a roadmap for HIV prevention that can be used by all prevention providers in the jurisdiction.
15. The HIV prevention community planning process should be evaluated to ensure that it is meeting the core objectives.

Steps in the HIV Prevention Community Planning Process

Once a CPG has been convened, the steps of HIV prevention community planning are to:

1. **Develop an epi profile**—this is the starting point for planning. The epi profile assists the CPG to assess the impact of HIV/AIDS in defined populations in the community. The epi profile represents quantitative data.
2. **Conduct a Needs Assessment**—of the HIV prevention needs of populations at high risk for HIV infection. The needs assessment may represent both qualitative and quantitative data.
3. **Assemble a Resource Inventory**—of key HIV- and non-HIV-related resources in the community. The resource inventory provides information about the service and program capacity, within the jurisdiction, to respond to the epidemic (i.e., number and types of CBOs, in- and out-of-school programs, labor- or business-focused programs, faith-based programs, etc.).

4. **Conduct a Gap Analysis**
Using the needs assessment and resource inventory, identify met and unmet HIV prevention needs within the high-risk populations defined in the epidemiologic profile. Findings from the needs assessment about high-risk populations (e.g., size of population, impact of HIV/AIDS, risk behaviors) should be compared to findings from the resource inventory about existing services. An analysis of the gaps between the needs of at-risk populations and the existing services should be helpful in the prioritization process.
 5. **Identify potential Strategies and Interventions**
Identify potential strategies and interventions that can be used to prevent new HIV infections within the high-risk populations defined in the epidemiologic profile, needs assessment, and resource inventory.
 6. **Prioritize Populations and Interventions**
Prioritize HIV prevention needs in terms of (1) high-risk populations and (2) interventions and strategies for each high-risk population identified.
 7. **Develop a Plan**
Develop a comprehensive HIV prevention plan consistent with the high priority needs identified through the community planning process. The plan must contain all of the elements described in the following section, *Essential Elements of a Comprehensive HIV Prevention Plan*. CDC does not require a new plan each year. Plans may cover more than one year. However, community planning groups are expected to meet regularly and to periodically review, revise, and refine the plans, as indicated by any new or enhanced surveillance data, intervention research, needs assessment, resource inventory, program policy, or technology. (See Step 9 below) Jurisdictions with multiple planning groups and plans, and with no jurisdiction-wide group, should follow the same process. The state health department should, at a minimum, annually develop a jurisdiction-wide summary of recommendations and conclusions. This should include jurisdiction-wide HIV prevention goals
4. **Conduct a Gap Analysis**—to identify and describe the gaps in services for defined high-risk populations. Gaps can be analyzed by comparing the findings of the needs assessment with the findings from the resource inventory—i.e., where there are significant populations practicing high-risk behaviors and no targeted prevention services for them in the jurisdiction. The Gap Analysis is a basis for setting priorities among met and unmet prevention needs of specific populations.
 5. **Identify Potential Strategies and Interventions**—and describe how specific interventions are expected to prevent HIV within specific high-risk populations. This to provide a basis for setting priorities among specific interventions and strategies in specific populations.
 6. **Prioritize Populations and Interventions**—rank HIV prevention needs by: (a) high-risk target populations, and (b) interventions for each high-risk population.
 7. **Develop a Plan**—create a document that accurately presents the CPG's work on steps one through six, above.
 - [The plan must contain all of the elements described in the, *Essential Elements of a Comprehensive HIV Prevention Plan* section of the *Guidance*.
 - [**Multi-year planning:** CDC does not require a new plan each year. Plans may cover more than one year.
 - [Community planning groups are expected to meet regularly and to periodically review, revise, and refine the plans, as indicated by any new or enhanced surveillance data, intervention research, needs assessment, resource inventory, program policy, or technology (see Step 9, on the following page).
 - [**Jurisdictions with multiple planning groups and plans**, and with no jurisdiction-wide group, should follow the same process. The state health department should, at a minimum, annually develop a jurisdiction-wide summary of recommendations and conclusions.
 - [This should include jurisdiction-wide HIV prevention goals for priority populations with defined priority interventions as determined from among regional priorities, as well as a jurisdiction-wide summary of coordination, technical assistance, and evaluation activities.

for priority populations with defined priority interventions as determined from among regional priorities, as well as a jurisdiction-wide summary of coordination, technical assistance, and evaluation activities.

8. **Evaluate the Planning Process**

Health departments should track and keep records on an ongoing basis to evaluate the effectiveness of community planning process and the development and implementation of the comprehensive HIV prevention plan. (See CDC Evaluation Guidance)

9. **Update the Plan**

Once a comprehensive plan has been developed, the community planning group should periodically review it to determine whether or not it is necessary to:

- Revise priorities, budget allocations, or community planning group composition to reflect any changes in the epidemiologic profile;
- Seek additional information to clarify and focus prevention priorities;
- Define potential methods for obtaining needed additional information;
- Give additional attention to strengthening specific recommendations in the plan, such as
 - The linkages between primary prevention activities and secondary prevention, STD treatment, drug treatment, and medical services;
 - Development of an in-depth plan for coordination of health department HIV prevention activities with the prevention activities of other governmental and non-governmental agencies in the jurisdiction;
 - Conducting an assessment of technical assistance needs in the jurisdiction and developing a plan for meeting the needs;
 - Review program implementation information that would inform the planning process and potentially affect the priorities in the plan, e.g., progress reports from contractors, process evaluation data from other program activities;
 - Conduct new or additional needs assessment, resource inventories, focus groups, etc.;

8. **Evaluate the community planning process—**

including the development and implementation of the comprehensive plan.

9. **Update the Plan—**Keep the plan “alive” by ensuring the information is up-to-date.

The community planning group should periodically review the plan to determine whether or not it is necessary to:

- [Revise priorities, budget allocations, or community planning group composition to reflect any changes in the epidemiologic profile;
- [Seek additional information to clarify and focus prevention priorities;
- [Define potential methods for obtaining needed additional information;
- [Give additional attention to strengthening specific recommendations in the plan, such as:
 - The linkages between primary prevention activities and secondary prevention, STD treatment, drug treatment, and medical services;
 - Development of an in-depth plan for coordination of health department HIV prevention activities with the prevention activities of other governmental and non-governmental agencies in the jurisdiction;
 - Conducting an assessment of technical assistance needs in the jurisdiction and developing a plan for meeting the needs;
 - Review program implementation information that would inform the planning process and potentially affect the priorities in the plan (e.g., progress reports from contractors, process evaluation data from other program activities);
 - Conduct new or additional needs assessment, resource inventories, focus groups, etc.;
 - Review new research findings on intervention effectiveness and determine the impact, if any, on the plan; and
 - Consider how new biomedical or prevention technologies might best be utilized.

- Review new research findings on intervention effectiveness and determine the impact, if any, on the plan; and
- Consider how new biomedical or prevention technologies might best be utilized.

These reviews may result in additional objectives for the community planning group in the upcoming year and an updated or revised comprehensive plan. Use program evaluation data and updated or revised epidemiologic, needs assessment, intervention research, program policy, and technologic data to improve the next year's planning process and to update, as appropriate, the comprehensive plan.

ESSENTIAL ELEMENTS OF A COMPREHENSIVE HIV PREVENTION PLAN

The HIV prevention community planning process should produce a comprehensive HIV prevention plan, jointly developed by the health department and the HIV prevention community planning group(s), which includes specific, high priority HIV prevention strategies and interventions targeted to defined populations. The necessary elements of a comprehensive HIV prevention plan include the following:

1. **Epidemiologic Profile**

An HIV/AIDS epidemiologic profile that outlines the epidemic in that jurisdiction. The profile includes data from a variety of sources (demographic and socioeconomic data, reported AIDS cases, reported HIV infections from areas with confidential reporting, HIV seroprevalence and seroincidence surveys/studies [where available], HIV risk behaviors, and surrogate markers for HIV risk behaviors, e.g., sexually transmitted disease (STD) and teen pregnancy rates, information on drug use, and other local data.) Furthermore, the profile provides a narrative explanation of all data, including a description of populations at risk for HIV infection. The description of at-risk populations may include age group, gender, race/ethnicity, socioeconomic status,

These reviews may result in additional objectives for the community planning group in the upcoming year and an updated or revised comprehensive plan. Use program evaluation data and updated or revised epidemiologic, needs assessment, intervention research, program policy, and technologic data to improve the next year's planning process and to update, as appropriate, the comprehensive plan.

Essential Elements of a Comprehensive HIV Prevention Plan

A major product of the community planning process is a comprehensive HIV prevention plan, jointly developed by the HIV prevention community planning group(s) and the health department. The plan should include specific, high priority HIV prevention strategies and interventions targeted to defined populations.

The necessary elements of the plan include:

1. **An epi profile**—that reflects the epidemic in the grantee's jurisdiction. Data reflected in the epi profile, for example, may include:

[AIDS cases, estimated prevalence in specific populations, reported HIV infections, HIV seroprevalence and seroincidence surveys/ studies, HIV risk behaviors, and other information such as surrogate markers for HIV risk behaviors e.g., STDs, teen pregnancy, and drug use.

[A description of target populations that will be reached by primary HIV prevention interventions. The description should include the following information:

- Age, group, gender, race/ethnicity, socioeconomic status, geographic area, sexual orientation, risk for HIV infection, exposure category, primary language, and significant cultural factors.
- High-risk populations should include defined target populations whose serostatus is unknown, negative,

geographic area, sexual orientation, risk for HIV infection, primary language, and significant cultural factors. These high-risk populations should include defined target populations whose serostatus is unknown, negative, or positive. Other methods for segmenting audiences for prevention messages may also be used.

2. **Needs Assessment**

A description of met and unmet HIV prevention needs in target populations to be reached by HIV prevention interventions, and barriers in reaching populations. The needs assessment should be based on a variety of sources (both qualitative and quantitative), should use different assessment strategies (e.g., surveillance; survey; formative, process, and outcome evaluation of programs and services; outreach and focus group(s); public meetings), and should incorporate information from both providers and consumers of services. Techniques such as over sampling may be needed to collect valid information from certain at-risk populations. In addition to community participation, the success of a needs assessment process is determined by: 1) the selection of a basic approach that is appropriate for the area under study; 2) an understanding of the desired results before engaging in the process; 3) the collection of data from a variety of sources; 4) an accurate analysis of the information gathered; and 5) the identification of important needs.

3. **Resource Inventory**

A description of the existing resources for HIV prevention, including fiscal, personnel, and program resources, as well as support from public (Federal, Native American Tribal government, State, county, municipal), private, and volunteer sources. This inventory should attempt to identify HIV prevention programs and activities according to the high-risk populations defined in the epidemiologic profile.

or positive.

2. **A Needs Assessment**—that provides a description of met and unmet HIV prevention needs in target populations to be reached by HIV prevention interventions, and barriers in reaching populations.

[The needs assessment should:

- Be based on a variety of sources (both qualitative and quantitative),
- Use different assessment strategies (e.g., surveillance; survey; formative, process, and outcome evaluation of programs and services; outreach and focus group(s); public meetings), and
- Incorporate information from both providers and consumers of services.

[In addition to community participation, the success of a needs assessment process is determined by:

- (a) the selection of a basic approach that is appropriate for the area under study;
- (b) an understanding of the desired results before engaging in the process;
- (c) the collection of data from a variety of sources;
- (d) an accurate analysis of the information gathered; and
- (e) the identification of important needs.

3. **A Resource Inventory**—that provides a description of the existing resources for HIV prevention, including fiscal, personnel, and program resources.

[The resource inventory should include support from public—Federal, Native American Tribal government, State, county, municipal—private, and volunteer sources.

[The inventory should link HIV prevention programs and activities according to the high-risk populations defined in the epidemiologic profile and/or prioritized target populations.

4. **Gap Analysis**

A description of the unmet HIV prevention needs within the high-risk populations defined in the epidemiologic profile. The unmet needs are identified by a comparison of the needs assessment and resource inventory.

5. **Potential Strategies and Interventions**

Describe the potential strategies and interventions that can be used to prevent new HIV infections within the high-risk populations defined in the epidemiologic profile, needs assessment, and resource inventory.

6. **Prioritization of Populations and Interventions**

The priority populations at high risk for HIV, and the prioritized culturally and linguistically appropriate individual-, group-, and community-level strategies and interventions to reach each. The strategies and interventions should include the interventions described in the section *Essential Components of a Comprehensive HIV Prevention Program*, as well as any other relevant HIV prevention activities. Both existing and proposed interventions should be described. **A clear, concise, logical statement of the reason each prioritized intervention was selected should be included.**

Criteria to be considered in prioritizing are:

- Documented HIV prevention needs based on the current impact and trends of HIV/AIDS and other STDs in defined populations in the health department's jurisdiction;
- Outcome effectiveness of proposed strategies and interventions (either demonstrated or probable);
- Available information on the relative costs and effectiveness of proposed strategies and interventions (either demonstrated or probable);

4. **A Gap Analysis**—that describes the unmet HIV prevention needs within the high-risk populations defined in the epidemiologic profile.

[Unmet needs should be identified by comparing the needs assessment and resource inventory.

5. **Potential Strategies and Interventions**—that describe the potential strategies and interventions that can be used to prevent new HIV infections within the high-risk populations defined in the epidemiologic profile, needs assessment, and resource inventory.

6. **Prioritization of Populations and Interventions** — that describes:

- (a) priority populations at high risk for HIV, and
- (b) prioritized culturally and linguistically appropriate individual-, group-, and community-level strategies and interventions to reach each.

[Strategies and interventions should include the interventions described in the Guidance section *Essential Components of a Comprehensive HIV Prevention Program*, as well as any other relevant HIV prevention activities.

[Both existing and proposed interventions should be described.

[At a minimum, the community planning group(s) must provide a clear, concise, and logical statement as to:

- (a) Why each population and intervention given high priority was chosen; and
- (b) The reason each prioritized intervention selected should be included.

Criteria to be considered in prioritizing:

- (a) Documented HIV prevention needs based on the current impact and trends of HIV/AIDS and other STDs in defined populations in the grantee's (health department's) jurisdiction;
- (b) Outcome effectiveness of proposed strategies and interventions (either demonstrated or probable);
- (c) Available information on the relative costs and effectiveness of proposed strategies and interventions (either demonstrated or probable);
- (d) Sound scientific theory (e.g., behavior change, social change, and social marketing theories) when outcome effectiveness information is lacking;

- Sound scientific theory (e.g., behavior change, social change, and social marketing theories) when outcome effectiveness information is lacking;
- Values, norms, and consumer preferences of the communities for whom the services are intended;
- Availability of other governmental and non-governmental resources (including the private sector for HIV prevention); and
- Other state and local determining factors.

Each criterion should be considered by the HIV prevention community planning group(s) during priority-setting deliberations. At a minimum, the community planning groups must provide a clear, concise, logical statement as to why each population and intervention given high priority was chosen.

7. **Linkages**

A description of how activities proposed in the comprehensive plan to prevent transmission or acquisition of HIV (primary prevention activities) are linked to activities to prevent or delay the onset of illness in persons with HIV infection (secondary prevention activities), to STD treatment, drug treatment, Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, and reproductive health care services.

8. **Goals**

Short (i.e., budget period) and long term (i.e., project period) goals for HIV prevention in defined populations being reached with defined interventions.

9. **Surveillance and Research**

A description of ongoing HIV prevention surveillance and research activities (e.g., epidemiologic and behavioral surveillance, research, and program evaluation activities), how these are linked to prevention program strategies in the plan, and any additional surveillance and research that is needed.

- (e) Values, norms, and consumer preferences of the communities for whom the services are intended;
- (f) Availability of other governmental and non-governmental resources (including the private sector for HIV prevention); and
- (g) Other state and local determining factors.

Each criterion should be considered by the HIV prevention community planning group(s) during priority-setting deliberations.

7. **Linkages between Primary & Secondary HIV Prevention**

—that describes how activities proposed in the comprehensive plan to prevent transmission or acquisition of HIV (*primary prevention activities*) are linked to activities to prevent or delay the onset of illness in persons with HIV infection (*secondary prevention activities*), and STD treatment, drug treatment, Ryan White Comprehensive AIDS Resources Emergency (CARE) Act programs, and reproductive health care services.

8. **Goals**—a set of short-term (i.e., budget period, one year) and long-term (i.e., project period, throughout the Cooperative Agreement) goals for HIV prevention in defined populations being reached with defined interventions.

9. **Surveillance and Research**—provide a description of ongoing HIV prevention surveillance and research activities (e.g., epidemiologic and behavioral surveillance, research, and program evaluation activities), how these activities are linked to prevention program strategies in the plan, and any additional surveillance and research that is needed.

10. **Coordination among Agencies and Organizations**

A description of how governmental and non-governmental agencies will coordinate to provide comprehensive HIV prevention services and programs within the area for which the plan is developed.

11. **Technical Assistance Needs Assessment and Plan**

An HIV prevention technical assistance needs assessment identifying needs of the health department, community planning group(s), and community-based providers in the areas of program planning, implementation, and evaluation, and a plan of activities that addresses the technical assistance needs.

12. **Community Planning Evaluation Plan**

An evaluation plan for the HIV prevention planning process. See *CDC Evaluation Guidance*.

ACCESS TO DIAGNOSIS AND TREATMENT OF OTHER STDs

Closely coordinating or integrating HIV prevention and STD prevention services is necessary and cost-effective, and should be accomplished to reduce the transmission of HIV and other STDs. HIV prevention community planning groups should have an opportunity to review the role of STD detection and treatment as an effective strategy to help stop the sexual transmission of HIV. Collaborative programmatic activities that the community planning group might consider include:

- Increasing knowledge and awareness of the inter-relationship between HIV infection and other STDs, including identification of the common behaviors and practices that place persons at risk for both infections;
- Including voluntary HIV screening as a routine part of services offered to individuals seeking care for other STDs;
- Ensuring access to quality STD detection and treatment services in HIV counseling and testing sites and in public and

10. **Coordination among Agencies and Organizations—**

provide a description of how governmental and non-governmental agencies will coordinate to provide comprehensive HIV prevention services and programs within the jurisdiction.

11. **Technical Assistance Needs Assessment and Plan—**

identify the technical assistance (TA) needs of the health department, community planning group(s), and community-based providers in the areas of program planning, implementation, and evaluation, and provides a plan of activities to address TA needs.

12. **Community Planning Evaluation Plan—**describe the evaluation activities for the HIV prevention planning process. (Note: for more guidance, see the *CDC Evaluation Guidance*.)

Access to Diagnosis and Treatment of Other STDs

HIV prevention community planning groups should have an opportunity to review the role of STD detection and treatment as an effective strategy to help stop the sexual transmission of HIV.

Community planning groups should have periodic briefings on: (1) the epidemiologic profile of STDs, other than HIV, and, (2) the priority needs of the STD program.

Programmatic activities that the community planning group might consider include:

- Increasing knowledge and awareness of the inter-relationship between HIV infection and other STDs, including identification of the common behaviors and practices that place persons at risk for both infections;
- Offering voluntary HIV screening as a routine part of services offered to individuals seeking care for other STDs;
- Ensuring access to quality STD detection and treatment services in HIV counseling and testing sites and in public and private clinical settings serving HIV-infected individuals.

private clinical settings serving HIV-infected individuals.

Community planning groups should be periodically briefed on the epidemiologic profile of STDs other than HIV and the priority needs of the STD program.

LETTERS OF CONCURRENCE/ NONCONCURRENCE

Each health department, in its application, must include a letter of concurrence or nonconcurrence from every HIV prevention community planning group convened within the health department's jurisdiction. At a minimum, the letter(s) should be signed by the co-chairs of every planning group on behalf of the group(s).

HIV prevention community planning group members should carefully review the comprehensive HIV prevention plan and the health department's entire application to CDC for federal funds (including the proposed budget). Because the community planning process requires prioritization of HIV prevention needs and because prioritization directly corresponds to resource allocation, it is critical that the community planning group review the proposed allocation of resources in the health department's application (and, especially, to review expenditure levels in light of the epidemiologic profile). Community planning groups are not asked to review and comment on internal health department issues, such as salaries of individual health department staff, but instead to indicate:

- The extent to which the health department and the HIV prevention community planning group(s) have successfully collaborated in developing, reviewing, or revising the comprehensive HIV prevention plan;
- The extent to which the activities, programs, and services, for which the health department is requesting CDC funds, are responsive to the priorities in the comprehensive plan;
- The process used for obtaining concurrence, including
 - A description of the process used for review of the application by the community

To reduce the transmission of HIV and other STDs, coordinating or integrating HIV prevention and STD prevention services is necessary and cost-effective

Letters of Concurrence/ Nonconcurrence

Concurrence

As part of its application to the CDC for federal HIV prevention funds, every health department must include a letter of concurrence or nonconcurrence from **each** CPG convened in the jurisdiction. **At a minimum:** the letter(s) should be signed by the Co-Chairs of each CPG on behalf of the CPG.

CPG members should carefully review the comprehensive HIV prevention plan and the health department's entire application to CDC for federal funds (including the proposed budget).

It is critical that the CPG review the proposed allocation of resources in the health department's application — especially, a comparison between expenditure levels and the epi profile, because:

- The community planning process requires prioritization of HIV prevention needs, and
- Prioritization directly corresponds to resource allocation.

Community planning groups are not asked to review and comment on internal health department issues such as salaries of individual health department staff.

Letters should indicate the:

- [Degree to which the health department and CPG(s) has successfully collaborated ("how well or not") in developing, reviewing, or revising the comprehensive HIV prevention community plan;
- [Degree to which the health department has responded to the priorities in the comprehensive HIV prevention plan in its application to the CDC for federal HIV prevention funds.
- [Process used for concurrence, including:
 - A description of the process used by the CPG to review the application,
 - The amount of time the CPG had to review the application,
 - Who from the CPG reviewed the application (all

planning group,

- The time frame allotted for the review,
- Who from the community planning group reviewed it (co-chairs, members, subcommittee chairs), and
- The quality of the concurrence (e.g., without reservation, with minor concerns, with important concerns).

Letter(s) of **concurrence** may include reservations or a statement of concern/issues. The health department should address these reservations or concerns in an addendum to the HIV prevention application.

Letter(s) of **nonconcurrence** indicate that an HIV prevention community planning group disagrees with the program priorities identified in the health department's application. The letter should cite specific reasons for nonconcurrence. In instances of nonconcurrence and when a health department does not concur with the recommendations of the HIV prevention community planning group(s) and believes that public health would be better served by funding HIV prevention activities/services that are substantially different, the health department must submit a letter of explanation in its application. CDC will assess and evaluate these explanations on a case-by-case basis and determine what action may be appropriate. A letter of nonconcurrence does not necessarily mean that the jurisdiction will lose any portion of its CDC funding. Actions can range from

- obtaining more input/information regarding the situation;
- meeting with the health department and co-chairs;
- negotiating with the health department regarding the issues raised;
- recommending local mediation;
- approving the health department's application as is;
- requesting that a detailed plan of corrective action be developed to address the areas of concern and to be executed within a specified timeframe;
- conducting an on-site comprehensive program assessment to identify and propose action steps to resolve areas of concern;

members, committees, committee chairs, co-chairs, etc.),

- The degree of concurrence (e.g., without reservation, with minor concerns, with important concerns).

Concurrence with Reservations

Letter(s) of concurrence may include a statement of concern/issues or reservations.

[If such a letter is submitted, the health department should address the reservations or concerns in an attachment to the HIV prevention application.

Nonconcurrence

Letter(s) of nonconcurrence indicate that the CPG(s) disagrees with the program priorities identified in the health department's application.

[The letter should cite specific reasons for nonconcurrence.

If a health department does not concur with the recommendations of the CPG(s), and believes that public health would be better served by funding HIV prevention activities/services that are substantially different, the health department must submit a letter of explanation in its application.

CDC Actions Regarding Nonconcurrence

CDC will assess and evaluate nonconcurrence letters and/or health department letters of explanation on a case-by-case basis and determine what action may be appropriate.

A letter of nonconcurrence does not necessarily mean that the jurisdiction will lose any portion of its CDC funding. CDC actions can range from:

- [Obtaining more input/information about the situation;
- [Meeting with the health department and co-chairs;
- [Negotiating with the health department regarding the issues raised;
- [Recommending local mediation;
- [Approving the health department's application as submitted;
- [Requesting the development of a detailed plan of corrective action and timeframe to address the areas of concern;
- [Conducting an on-site comprehensive program assessment to identify and propose action steps to resolve areas of concern;
- [Conducting an on-site program assessment focused on a specific area(s);

- conducting an on site program assessment focused on a specific area(s);
- developing a detailed technical assistance plan for the project area to help systematically address the situation; and
- placing conditions or restrictions on the award of funds pending a future submission by the applicant.

ROLES AND RESPONSIBILITIES **HEALTH DEPARTMENTS**

State, local, and territorial health departments are responsible for the health of the populations in their jurisdictions. States have a broad responsibility in surveillance, prevention, overall planning, coordination, administration, fiscal management, and provision of essential public health services. The role of the health department in the community planning process is to:

1. Establish and maintain at least one HIV prevention community planning group that meets the principles described in the section *Principles of HIV Prevention Community Planning*. Health departments are required to determine how best to achieve and integrate statewide, regional, and local community planning within their jurisdictions. In those jurisdictions where CDC has direct cooperative agreements with both State and local health departments, health departments are expected to have systems and procedures in place to facilitate coordination and communication between the state and local health departments and their community planning groups.
2. Identify a health department employee, or a designated representative, to serve as co-chair of each HIV prevention community planning group in the project area; if State health departments implement more than one planning group within their jurisdiction, they may wish to designate local health department representatives as co-chairs of these planning groups.

- [Developing a detailed project area TA plan to assist in systematically addressing the situation; and
- [Placing conditions or restrictions on the award of health department funds pending a future submission by the applicant.

Roles and Responsibilities **Health Department** **(state, local, and territorial)**

- [Health departments are responsible for the health of the populations in their jurisdictions.
- [States have a broad responsibility in surveillance, prevention, overall planning, coordination, administration, fiscal management, and provision of essential public health services.

The health department's role in the HIV prevention community planning process is to:

1. Create and maintain at least one CPG that meets the principles described in this **Guidance**.
 - **Multiple planning groups:** if there is more than one CPG in the jurisdiction, the health department is responsible for deciding how to best integrate statewide, regional, and local community planning.
 - **Multiple CDC Cooperative Agreements —applies to California (Los Angeles and San Francisco), Illinois (Chicago), New York (New York City), Pennsylvania (Philadelphia), and Texas (Houston):** the health departments (state and local) are expected to implement systems to facilitate coordination and communication between the state and local health departments and the CPGs.
2. Appoint the Health Department Co-Chair. If a state health department implements multiple CPGs, they may encourage local health department representatives to serve as the Health Department Co-Chair of such planning groups.
3. Ensure collaboration between the HIV prevention

3. Assure collaboration between HIV prevention community planning group(s) and other relevant planning efforts, particularly the process for allocating Titles I, II, and IIIb of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act and the STD prevention program. Health departments may consider merging the HIV prevention community planning process with other planning bodies/processes already in place. *If such mergers are undertaken, health departments still must adhere to the principles of HIV prevention community planning, as contained in this document.*
4. Provide an epidemiologic profile of the HIV prevention community planning group's jurisdiction to assist the group in establishing program priorities based on the extent, distribution, and impact of the HIV/AIDS epidemic. Inform the community planning group when there are changes in the utility or availability of certain data sources, and describe potential impact on the planning efforts.
5. Ensure that technical assistance is provided to assist community planning groups, the health department, and community-based providers in the areas of program planning, implementation, and evaluation. Health departments should meet these needs by drawing on expertise from a variety of sources (e.g., the CDC-supported TA network, health departments, academia, professional and other national organizations, and nongovernmental organizations).
6. Distribute widely the comprehensive HIV prevention plan and utilize existing networks to promote linkages and coordination among local HIV prevention service providers, public health agencies, STD treatment clinics, community planning groups, and behavioral and social scientists who are either in the local area or who are familiar with local prevention needs, issues, and at-risk populations.
7. Develop an application for HIV prevention cooperative agreement funds, based on the

community planning and other relevant planning processes such as Ryan White CARE planning (Titles I, II, and IIIb) and STD prevention.

[Merging HIV prevention community planning with other planning processes: health departments may consider merging HIV prevention community planning with other planning bodies/processes. However, if such mergers occur, health departments must continue to follow the **principles** described in this *Guidance*.

4. Provide the epi profile; and inform the CPG when there are changes in the utility or availability of certain data sources, and describe potential impact on the planning efforts.
5. Ensure that TA is provided to support CPG(s), the health department, and community-based providers in the areas of: (1) program planning, (2) implementation, and (3) evaluation. Health departments should meet these needs by drawing on expertise from a variety of sources (e.g., the CDC TA Providers' Network, health departments, academia, professional and other national organizations, and nongovernmental organizations).
6. Distribute the comprehensive HIV prevention plan as widely as possible so that it can be used to promote linkages and coordination among HIV prevention service providers, public health agencies, STD treatment clinics, CPGs, and behavioral and social scientists familiar with the local area's prevention needs, issues, and at-risk populations.
7. Develop an application to the CDC for federal HIV prevention Cooperative Agreement funds based on the comprehensive HIV prevention plan(s) developed

comprehensive HIV prevention plan(s) developed through the HIV prevention community planning process; seek review of the application; obtain letter(s) of concurrence/nonconcurrence from the community planning group(s); and allocate resources based on the plan's priorities.

8. Operationalize and implement HIV prevention services/activities outlined in the comprehensive plan and application, including awarding and administering HIV prevention funds.
9. Administer HIV prevention funds awarded under the cooperative agreement, ensuring that Requests for Proposals are issued within 90 days of the time that the health department receives notice of grant award from CDC. Monitor contractor activities and document contractor compliance.
10. Administer and coordinate public funds from a variety of sources, including Federal, State, and local agencies, to prevent HIV transmission and reduce associated morbidity and mortality.
11. Ensure program effectiveness through specific program monitoring and evaluation activities. This may include conducting or contracting for process and outcome evaluation studies, providing technical assistance in evaluation, or ensuring the provision of evaluation technical assistance to funding recipients.
12. Provide periodic feedback to the community planning group on the successes and barriers encountered in implementing HIV prevention interventions.

HIV PREVENTION COMMUNITY PLANNING GROUP(S)

The role of the planning group(s) in the HIV prevention community planning process is to:

1. Elect a community co-chair to work with the co-chair designated by the health department.

through the HIV prevention community planning process.

- [Seek review of the application by the CPG(s);
- [Obtain letter(s) of concurrence/ nonconcurrence from the CPG; and
- [Allocate resources based on the comprehensive HIV prevention plan's priorities.

8. Implement the HIV prevention services stated in the comprehensive HIV prevention plan and health department application.
 - [Health departments are responsible for awarding and administering HIV prevention funds.
9. Administer CDC-awarded HIV prevention cooperative agreement funds.
 - [Ensure that Requests for Proposals are issued within 90 days of the time that the health department receives notice of its grant award.
 - [Monitor contractor (service provider) activities and document contractor compliance.
10. Administer and coordinate public funds (including federal, state, and local) to prevent HIV transmission and reduce HIV-associated morbidity and mortality.
11. Ensure program effectiveness through program monitoring and evaluation activities, including:
 - [Conducting or contracting for process and outcome evaluation studies;
 - [Providing TA in evaluation, or
 - [Ensuring the provision of evaluation TA to funded service providers.
12. Provide regular updates to the CPG on successes and barriers encountered in implementing the HIV prevention interventions described in the comprehensive HIV prevention plan and application.

HIV Prevention Community Planning Group(s)

The CPG's role in the HIV prevention community planning process is to:

1. Elect the Community Co-Chair(s), who will work with health department-designated co-chair.
2. Determine what TA the CPG needs to carry out an

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| <ol style="list-style-type: none"> 2. Determine the technical assistance needs of the community planning group to enable it to execute an effective community planning process. 3. Carefully review available epidemiologic, evaluation, behavioral and social science, cost and cost-effectiveness, needs assessment, and resource inventory data and other information required to identify and prioritize HIV prevention needs. 4. Identify unmet HIV prevention needs within defined populations. 5. Prioritize HIV prevention needs by target populations and by priority strategies and interventions. 6. Identify the technical assistance needs of the community planning group and community-based providers in the areas of planning, implementing, and evaluating prevention interventions. 7. Assess how well the priorities outlined in the plan are represented in the health department's application to CDC for federal HIV prevention funds. 8. Focus primarily on the tasks of planning. Whether or not community planning groups take on additional tasks beyond those described in this document is determined locally by the health department and the community planning group (See Definition of HIV Prevention Community Planning). The planning process should be flexible, with the emphasis on undertaking meaningful tasks that contribute to, and enhance, the comprehensive plan. The important, overall goal of HIV prevention community planning is to have in place a comprehensive HIV prevention plan that is current, evidence based, adaptable as new information becomes available, tailored to the specific needs of each jurisdiction, and widely distributed in an effort to provide a roadmap for prevention that can be used by all prevention providers in the jurisdiction. | <p>effective community planning process.</p> <ol style="list-style-type: none"> 3. Carefully review key data: epidemiologic, evaluation, behavioral and social science, cost-effectiveness, needs assessment, resource inventory, and other information necessary to set HIV prevention priorities. 4. Identify unmet HIV prevention needs within defined populations. 5. Set priorities for HIV prevention needs by target populations and interventions. 6. Identify the TA needs of the CPG and community-based providers in the areas of planning, implementing, and evaluating prevention interventions. 7. Determine how well the priorities stated in the comprehensive HIV prevention plan are reflected in the health department's application to CDC for federal HIV prevention funds. 8. Focus, primarily, on planning (as described in this <i>Guidance</i>). <ul style="list-style-type: none"> [The health department and CPG, together, determine if the CPG will take on responsibility for more than planning-related activities. [The CPG's emphasis should be on accomplishing tasks that contribute to and enhance the comprehensive prevention plan. [Remember, the overall goal of HIV prevention community planning is to develop and maintain a comprehensive HIV prevention plan that is current, evidence based, adaptable as new information is available, tailored to the specific needs of the jurisdiction, and widely distributed. [Ideally, the plan should be used like a roadmap for HIV prevention activities by all prevention providers. |
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- Review carefully the health department's application to CDC for federal HIV prevention funds, including the proposed budget, and write a letter of concurrence or nonconcurrence.

SHARED RESPONSIBILITIES BETWEEN HEALTH DEPARTMENTS AND HIV PREVENTION COMMUNITY PLANNING GROUP(S)

Together, the health department and the community planning group should:

- Develop and implement policies and procedures that clearly address and outline systems for regularly re-examining:
 - Planning group composition, selection, appointment, and terms of office to ensure that all planning group(s) reflect, as much as possible, the population characteristics of the epidemic in State and local jurisdictions in terms of age, race/ethnicity, gender, sexual orientation, geographic distribution, and risk for HIV infection;
 - Roles and responsibilities of the community planning group, its members, and its various components (e.g., subcommittees, workgroups, regional groups, etc.);
 - Methods for reaching decisions; attendance at meetings; resolution of disputes identified in planning deliberations; and resolution of conflict(s) of interest for members of the planning group(s).
- Develop and apply criteria for selecting the individual members of the HIV prevention community planning group(s) within the jurisdiction. Special emphasis should be placed on procedures for identifying representatives of socioeconomically marginalized groups and groups that are underserved by existing HIV prevention programs.
- Determine the most effective mechanisms for input into the HIV prevention community planning process. The process must be structured in such a way that it incorporates and addresses needs and priorities identified

- Review the health department's application to CDC for federal HIV prevention funds, including the proposed budget, and discuss and write a letter of concurrence or nonconcurrence.

Shared Responsibilities Between Grantees and HIV Prevention Community Planning Group(s)

Together, the health department and the CPG share:

- Process Management:** Develop procedures/policies that address membership, roles, and decisionmaking, specifically:
 - Composition of the CPG; selection, appointment, and duration of term to ensure that the CPG(s) membership reflects, as much as possible, the epidemic in the jurisdiction (i.e., age, race/ethnicity, gender, sexual orientation, geographic distribution, and risk for HIV infection);
 - Roles and responsibilities of the CPG, its members, and its various components (e.g., committees, workgroups, regional groups, etc.); and
 - Methods for reaching decisions; attendance at meetings; resolution of disputes identified in planning deliberations; and resolution of conflict(s) of interest for CPG members.

*All procedures/policies should be consistent with the principles of this *Guidance* and developed with input from all parties.
- Membership Selection:** Develop and apply criteria for selecting CPG members.
 - Special emphasis should be placed on procedures for identifying representatives of socioeconomically marginalized groups and groups that are underserved by existing HIV prevention programs.
- Input Mechanisms:** Determine the most effective input mechanisms for the community planning process.
 - The process must be structured to best incorporate and address needs and priorities identified at the community level (i.e., the level closest to the problem or need to be addressed).

at the community level (i.e., the level closest to the problem or need to be addressed).

4. Provide a thorough orientation for all new members, as soon as possible after appointment. New members should understand:
 - The roles, responsibilities, and principles outlined in this document,
 - The procedures and ground rules used in all deliberations and decision making,
 - The specific policies and procedures for resolving disputes and avoiding conflict of interests that are consistent with the principles of this guidance and are developed with input from all parties.
5. Determine the distribution of planning funds to:
 - Support planning group meetings, public meetings, and other means for obtaining community input;
 - Facilitate involvement of all participants in the planning process, particularly those persons with and at risk for HIV infection;
 - Support capacity development for inclusion, representation, and parity of community representatives and for other planning group members to participate effectively in the process;
 - Provide technical assistance to health departments and community planning groups by outside experts;
 - Assure representation of the community planning group (governmental and nongovernmental) at necessary regional or national planning meetings;
 - Support planning infrastructure for the HIV prevention community planning process;
 - Collect, analyze, and disseminate relevant data; and
 - Evaluate the community planning process.
6. Consider what additional data are needed for decision-making about priority needs, and propose methods for obtaining the data.

4. **Orientation:** Provide an orientation for all new members, as soon as possible after appointment. New members should understand:
 - [The roles, responsibilities, and principles outlined in this *Guidance*,
 - [The procedures and ground rules used in all deliberations and decision making,
 - [The specific policies and procedures for resolving disputes and avoiding conflict of interests.
5. **Planning Funds:** Determine the distribution of planning funds to:
 - [Support CPG meetings, public meetings, and other means for obtaining community input.
 - [Facilitate participant involvement in the planning process, particularly those persons with and at risk for HIV infection;
 - [Support PIR capacity building for community representatives and other CPG members to participate effectively in the process.
 - [Ensure that TA is provided, when needed, to the health department and CPG by outside experts.
 - [Assure CPG representation(governmental and nongovernmental) at necessary regional or national planning meetings;
 - [Support the planning infrastructure for the HIV prevention community planning process.
 - [Collect, analyze, and disseminate relevant data.
 - [Evaluate the community planning process.
6. **Other Data needs:** Determine what other data are needed for priority setting and decision making, and propose methods for obtaining the data.

7. Identify the technical assistance needs of the community planning group, health department, and community-based providers in the areas of planning, implementing, and evaluating prevention interventions.
 8. Develop goals for HIV prevention strategies and interventions in defined target populations.
 9. Develop, update annually, and disseminate the comprehensive HIV prevention plan.
 10. If there are multiple community planning groups in the jurisdiction, integrate multiple HIV community prevention plans into a project-wide comprehensive HIV prevention plan.
 11. Foster integration of the HIV prevention community planning process with other relevant planning efforts.
 12. Consider how governmental and non-governmental agencies will coordinate to provide comprehensive HIV prevention services and programs within the area. The following are services to consider for coordination:
 - HIV prevention interventions;
 - Early intervention, primary care, and other HIV-related services;
 - STD, TB, and substance abuse prevention and treatment;
 - Women's health services;
 - Mental health services; and
 - Other public health needs.
 13. Evaluate the community planning process to assure that it is meeting the core objectives of community planning.
7. **TA Needs:** Identify the TA needs of the CPG, health department, and community-based providers in the areas of planning, implementing, and evaluating prevention interventions.
 8. **Goals for Interventions:** Develop goals for HIV prevention strategies and interventions in defined target populations.
 9. **The Plan:** Develop, update annually, and disseminate the comprehensive HIV prevention plan
 10. **If Multiple CPGs,** integrate the comprehensive HIV prevention plans into a project-wide comprehensive HIV prevention plan.
 11. **Linkages:** Foster integration of the HIV prevention community planning process with other relevant planning efforts in the jurisdiction.
 12. **Coordination of Prevention Services:** Consider how service providers (governmental and non-governmental) will coordinate to provide comprehensive HIV prevention services and programs within the jurisdiction. The following are services to consider for coordination:
 - [HIV prevention interventions;
 - [Early intervention, primary care, and other HIV-related services;
 - [STD, TB, and substance abuse prevention and treatment;
 - [Women's health services;
 - [Mental health services; and
 - [Other public health needs.
 13. **Evaluation:** Evaluate the community planning process to assure that it is meeting the core objectives of community planning.

CENTERS FOR DISEASE CONTROL AND PREVENTION

The role of CDC in the HIV prevention community planning process is to:

1. Provide leadership in the national design, implementation, and evaluation of HIV prevention community planning.
2. Collaborate with health departments, community planning groups, national organizations, federal agencies, and academic institutions to ensure the provision of technical/program assistance and training for the HIV prevention community planning process. The CDC project officer is key to this collaboration. He/she works with the health department and the community co-chairs to provide technical/program assistance for the community planning process, including discussing roles and responsibilities of community planning participants, disseminating CDC documents, and responding to direct inquiries to ensure consistent interpretation of the guidance.
3. Provide technical/program assistance through a variety of mechanisms to help recipients understand how to (a) ensure parity, inclusion, and representation of all members throughout the community planning process; (b) analyze epidemiologic, behavioral and other relevant data to assess the impact and extent of the HIV/AIDS epidemic in defined populations (including any changes in the utility or availability of certain data sources); (c) conduct needs assessments and resource inventories and prioritize unmet HIV prevention needs; (d) identify and evaluate effective and cost-effective HIV prevention activities for these priority populations; (e) provide access to needed behavioral and social science expertise; (f) identify and manage dispute and conflict of interest issues; and (g) evaluate the community planning process.

Centers for Disease Control and Prevention

The CDC's role in the HIV prevention community planning process is to:

1. **National Leadership:** Provide leadership in the national design, implementation, and evaluation of HIV prevention community planning.
2. **Ensuring TA:** Collaborate with health departments, CPGs, national organizations, federal agencies, and academic institutions to ensure the provision of technical/program assistance and training for the HIV prevention community planning process.
[The CDC project officer is key to this collaboration.
[S/he works with the health department and the community co-chairs to provide technical/program assistance for the community planning process, including discussing roles and responsibilities of community planning participants, disseminating CDC documents, and responding to direct inquiries to ensure consistent interpretation of this *Guidance*.
3. **Provide TA:** Provide technical/program assistance through a variety of mechanisms to help recipients understand how to:
 - (a) Ensure parity, inclusion, and representation of all members throughout the planning process;
 - (b) Analyze epidemiologic, behavioral, and other relevant data to assess the impact and extent of the HIV/AIDS epidemic in defined populations;
 - (c) Conduct needs assessments and resource inventories and prioritize unmet HIV prevention needs;
 - (d) Identify and evaluate effective and cost-effective HIV prevention activities for these priority populations;
 - (e) Provide access to behavioral and social science expertise;
 - (f) Identify and manage dispute and conflict-of-interest issues; and
 - (g) Evaluate the community planning process.

4. Require that application content submitted by HIV prevention cooperative agreement recipients for HIV prevention community planning funds is in accordance with the principles and the roles and responsibilities outlined in this guidance.
 5. Monitor the HIV prevention community planning process, especially around the five core objectives.
 6. Require as a condition for award of cooperative agreement funds that recipients' applications are in accordance with the comprehensive plan developed through the HIV prevention community planning process or include an acceptable letter of justification.
 7. Identify the essential components of a comprehensive HIV prevention program (see page 1 of this *Guidance*).
 8. Collaborate with health departments in evaluating HIV prevention programs.
 9. Collaborate with other federal agencies (particularly the National Institutes of Health, the Substance Abuse and Mental Health Services Administration, and the Health Resources and Services Administration) in promoting the transfer of new information and emerging prevention technologies or approaches (i.e., epidemiologic, biomedical, operational, behavioral, or evaluative) to health departments and other prevention partners, including non-governmental organizations.
 10. Compile annually a report on the projected expenditures of HIV prevention cooperative agreement funds by specific strategies and interventions. Collaborate with other prevention partners in improving and integrating fiscal tracking systems.
4. **Review the Application:** Require that health department applications for federal HIV prevention community planning funds respond to the principles and roles and responsibilities outlined in this Guidance.
 5. **Monitor the Process:** Monitor the HIV prevention community planning process, especially around the five core objectives.
 6. **Review Agreement between the Application and the Plan:** Require that the health department's application for federal funds is in accordance with the CPG's comprehensive HIV prevention plan, or that an acceptable letter of justification is included.
 7. **Identify Essential Program Components:** Identify the essential components of a comprehensive HIV prevention program.
 8. **Collaboration in Program Evaluation:** Collaborate with health departments in evaluating HIV prevention programs.
 9. **Collaboration with Federal Agencies:** Collaborate with other federal agencies (particularly the National Institutes of Health, the Substance Abuse and Mental Health Services Administration, and the Health Resources and Services Administration) in promoting the transfer of new information and emerging prevention technologies or approaches (i.e., epidemiologic, biomedical, operational, behavioral, or evaluative) to health departments and other prevention partners, including nongovernmental organizations.
 10. **Annual HIV Prevention Expenditure Reports:** Compile an annual report on the projected expenditures of HIV prevention cooperative agreement funds by specific strategies and interventions. Collaborate with other prevention partners in improving and integrating fiscal tracking systems.

ACCOUNTABILITY

CDC is committed to the concept of HIV prevention community planning as outlined in this guidance. In summary, CDC expects that:

- Health departments will support and facilitate the community planning process, including sharing technical assistance information and materials developed in support of the process;
- Community planning groups will develop plans in which they have **prioritized** HIV prevention needs, including populations and interventions;
- Health departments will reflect these priorities in their applications to CDC and implement effective HIV prevention programs based on the comprehensive HIV prevention plan; and
- Community planning groups will review the entire application for their jurisdiction, including the budget, prior to writing letters of concurrence/nonconcurrence.

CDC will continue to conduct annual external reviews of health department HIV prevention cooperative agreement applications and comprehensive HIV prevention plans to monitor the progress health departments and community planning groups are making in meeting these expectations. These reviews will focus on whether or not:

- A jurisdiction's planning process is in compliance with this guidance and the five core objectives;
- Priority populations and recommended interventions identified in the comprehensive HIV prevention plan are consistent with the epidemiologic profile, needs assessment, and behavioral/social science data presented in the plan;
- Proposed prevention program objectives, activities, and budget in the application are consistent with the comprehensive HIV prevention plan; and
- Any discrepancies noted are adequately explained.

Accountability

CDC is committed to and supports HIV prevention community planning as outlined in this *Guidance*. In summary, CDC expects that:

- [Health departments will support and facilitate the community planning process, including sharing technical assistance information and materials developed in support of the process;
- [CPGs will develop comprehensive HIV prevention plans that include prioritized target populations and interventions;
- [Health departments will reflect these priorities in their applications to CDC and implement effective HIV prevention programs based on the comprehensive HIV prevention plan; and
- [CPGs will review the entire health department application, including the budget, prior to writing letters of concurrence/nonconcurrence.

CDC will conduct annual external review of health department HIV prevention cooperative agreement applications and comprehensive HIV prevention plans to monitor the progress health departments and CPGs are making in meeting the expectations described above. External reviews will focus on whether or not:

- [A jurisdiction's planning process is in compliance with this *Guidance* and the five core objectives;
- [The comprehensive HIV prevention plan's priority populations and recommended interventions are consistent with the epidemiologic profile, needs assessment, and behavioral/social science data presented in the plan;
- [The application submitted by the health department contains proposed prevention program objectives, activities, and a budget consistent with the comprehensive HIV prevention plan; and
- [Any discrepancies between the application and the comprehensive HIV prevention plan are described and adequately explained.

CDC will review the recommendations provided by the External Reviewers and consider them when making decisions concerning issues such as funding restrictions and conditions, as well as detailed plans of technical assistance.

WHERE TO OBTAIN ADDITIONAL INFORMATION

Technical/program assistance may be obtained from your CDC project officer, Division of HIV/AIDS Prevention - Intervention Research and Support, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention, Mailstop E58, Atlanta, GA 30333, (404) 639-5230.

CDC will review the recommendations provided by the External Reviewers and consider them when making decisions concerning issues such as funding restrictions and conditions, as well as detailed plans of technical assistance.

Where to Obtain Additional Information

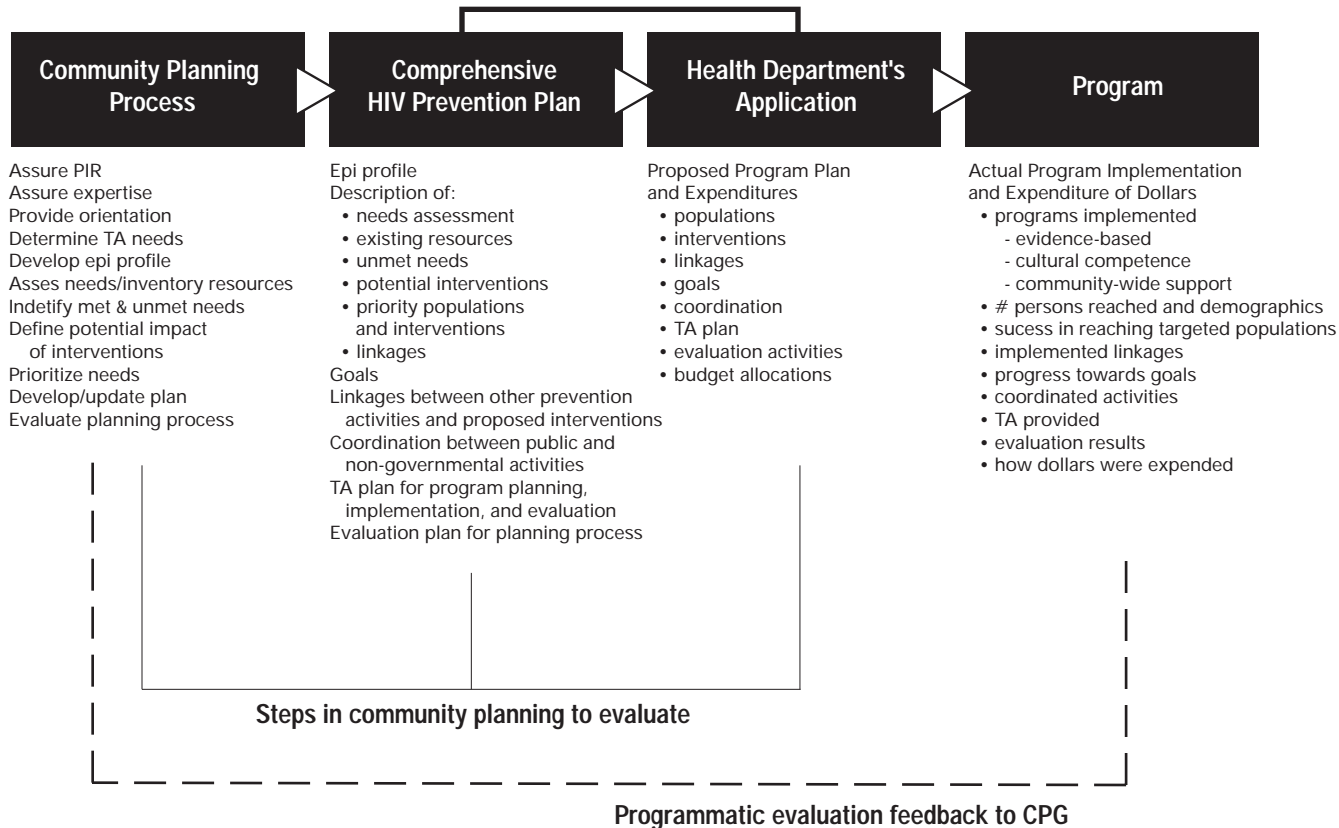
Technical/program assistance may be obtained from your CDC Project Officer (see **Chapter 6**, of this guide), Division of HIV/AIDS Prevention - Intervention Research and Support, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention, Mailstop E58, Atlanta, GA 30333, (404) 639-5230.

Chapter Review Exercise

1. The Guidance is offered to assist state and local health department HIV prevention Cooperative Agreements _____.
2. A _____ process should result in HIV prevention programs that are responsive to high priority, community-validated needs of specific populations.
3. HIV prevention community planning is a process by which state and local health departments share _____ for developing a comprehensive HIV prevention plan.
4. The grantee will develop an _____ for CDC funding based on the comprehensive HIV prevention plan.
5. An _____ that reflects the epidemic through a variety of data sources in the grantee's jurisdiction.
6. The _____ and _____ process of new members should ensure timely replacement of vacant member slots.
7. Priority setting is based on the _____, _____, _____, and culturally relevant and linguistically appropriate information obtained from the communities to be served, particularly persons with or at risk for HIV infection.
8. The CPG must include representatives who reflect the _____ characteristics of the current and projected HIV/AIDS epidemic in that jurisdiction.
9. The _____ is a basis for settling priorities among met and unmet prevention needs of specific populations
10. If more than one CPG is implemented in a grantee's project area, the health department may wish to designate local health department representatives as _____ of these planning groups.
11. Each grantee must include a letter of _____ or _____ from each CPG convened within the grantee's jurisdiction with its _____ for federal HIV prevention funding.
12. _____ are responsible for awarding and administering HIV prevention funds.
13. Upon receiving a grantee's application for federal HIV prevention funds, the CDC will review it for _____ with the principles and logistics of the HIV prevention community planning Guidance.
14. Grantees select the _____, and the CPG selects the _____.

HIV Prevention Community Planning

Letters of Concurrence/Nonconcurrence



5

Technical Assistance for Community Planning Groups

What is Technical Assistance?

Basically, “technical assistance,” or TA, is the provision of direct or indirect support to increase the capacity of individuals and/or a group to carry out programmatic and management responsibilities. TA may involve helping a community planning group assess when assistance might be needed; arranging for peers to share common experiences and to brainstorm; improving access for, and participation of, affected populations in the process; providing a specific skills training for CPG members, such as priority setting; and working with a CPG committee to create process-related ground rules or bylaws.

Technical assistance does not have to be a complex, mysterious process. If either you or your CPG needs help, do not hesitate to ask for TA. HIV prevention community planning can be a complicated process, but it does not have to be impossible. TA should be a helpful and positive experience.

What Sources of TA are Available?

CPGs and project areas may obtain TA in support of HIV prevention community planning from any source they deem appropriate. Some health departments have set up local resources to respond to the TA needs of the CPG or health department grantees. Some CPGs rely upon CPG members or other volunteers to provide such assistance. In addition, a number of local and national organizations can provide TA. Costs may range from free to either minimal or substantial.

KEY POINTS

[TA is the acronym for technical assistance.

[TA will help you to better define your planning needs.

[TA is available either to an individual or to an entire group.

[Do not hesitate to ask for technical assistance.

[TA should be as easy as saying, “This is what we need assistance to do....”

[Ask your co-chairs: “Does our CPG have access to local TA?”

[Ask your co-chairs: “Has our CPG ever requested TA? How was the experience?”

When Should You Access TA?

CPGs should access TA when they need assistance with a specific task or community planning-related process. TA is designed to support a CPG's efforts and help to avoid specific problems.

[If you can identify a need, then you should request TA.

What is the CDC National TA Providers' Network?

The CDC implemented the National TA Providers' Network as a primary resource for providing TA to CPGs in a variety of content and issue areas. As stated in the *Guidance*, one of the CDC's roles in the community planning process is to "collaborate with health departments, community planning groups, national organizations, federal agencies, and academic institutions to ensure the provision of technical/program assistance and training for the HIV prevention community planning process." Technical/program assistance will help recipients to understand how to:

- (a) Ensure parity, inclusion, and representation of all members throughout the community planning process.
- (b) Analyze epidemiologic, behavioral, and other relevant data to assess the impact and extent of the HIV/AIDS epidemic in defined populations.
- (c) Conduct needs assessments and resource inventories and prioritize unmet HIV prevention needs.
- (d) Identify and evaluate effective and cost-effective HIV prevention activities for priority populations.
- (e) Provide access to needed behavioral and social science expertise.
- (f) Identify and manage dispute and conflict-of-interest issues.
- (g) Evaluate the community planning process.

[CDC has a responsibility to ensure that CPGs have access to TA.

[These are some of the TA content areas available to CPGs. (The content areas are described in the next section.)

The CDC National TA Providers' Network, comprised of nine organizations, was designed to respond to specific goals. The goals of HIV prevention community planning TA are to:

- Develop a better understanding of TA needs.
- Improve access to a range of technical and organizational experts to meet these needs.
- Help build continuing relationships between project areas and assistance providers who understand the community and its HIV prevention systems.

[The CDC has created a National TA Providers' Network to provide technical assistance and support to CPGs.

[TA involves more than training.

How is TA Provided?

Technical assistance may be provided in many different forms depending on the exact need(s) of the group. The forms or modalities in which TA can be provided include: (1) telephone consultation; (2) dissemination of information and self-help materials; (3) reviewing materials; (4) on-site visits to discuss issues and approaches, assist in

[You may need more than one form of TA to meet your needs.

developing methods or procedures, or conducting workshops or specific training sessions; and (5) referrals to specific TA sources or self-help materials.

What are the Content Areas of Technical Assistance?

Technical assistance resources to support CPG's efforts are available in a wide variety of content areas. Examples of these content areas include, but are not limited to:

- *Orientation to the Community Planning Process*—what new planning group members need to know about the core principles and elements of HIV prevention community planning, the major planning tasks, the roles of CPG participants, and the expected outcomes of the planning process.
 - *Process Management*—how to manage the nominations and selection process, set ground rules, manage conflict, keep the process moving, support members and other meeting organization/logistics, monitor and document, set goals and objectives for progress, and evaluate the planning process.
 - *Parity, Inclusion, and Representation (PIR)*—how to better identify and involve a wide variety of individuals representing communities, organizations, affected groups, and professionals responding to HIV, and increase member capacity to better represent their communities.
 - *Use of Data to Support Decision-making*—how to use the data in the epidemiologic profile; gain familiarity with key data sources and their strengths and limitations; and use the information as a foundation for needs identification and intervention priority-setting.
 - *Needs Assessment*—how to use different assessment strategies (e.g., surveillance; survey; formative, process, and outcome evaluation findings of programs and services; outreach and focus group(s); public meeting(s) to incorporate input from both providers and consumers of prevention services.
 - *Priority-Setting*—how to assign priority to needs and proposed interventions using the body of information collected through the planning process and effective group decision-making.
 - *Intervention Effectiveness/What Works*—how to objectively examine the current and planned interventions, the mix of interventions, and the potential for effectiveness in HIV prevention.
- [TA may involve one or any combination of telephone calls, information and materials, review of materials, on-site sessions, or referrals to other sources.
- [TA often answers more than the "How," it may also answer the "What."
For example:
- [What should we do to plan for an orientation for new CPG members?
- [How can we make our process more inclusive?
- [What is a good indicator of parity?
- [What have other CPGs done to ensure PIR?
- [What do we do with our epi profile once it is completed?
- [What models should we consider prior to initiating our needs assessment?
- [What is the connection between decision-making and priority-setting?
- [What interventions might work in our community?

Who are the Technical Assistance Providers?

CDC project officers will help you to gain access to support HIV prevention community planning. The CDC project officers remain critical points of access for community planning-related TA and support. Once TA is initiated, your project officer will be involved by working with and advising TA providers.

In addition, the CDC has supported nine organizations to provide TA to CPGs. The CDC has relationships with nine different organizations to assist CPGs and health departments across the country to support the implementation of an effective HIV prevention community planning process based on the participation of affected communities and evaluation of sound scientific knowledge. The following organizations are funded to provide community planning-related TA:

The Academy for Educational Development (AED)
Advocates for Youth
The American Psychological Association (APA)
The Council of State and Territorial Epidemiologists (CSTE)
The National Alliance of State and Territorial AIDS Directors (NASTAD)
The National Association of People with AIDS (NAPWA)
The National Minority AIDS Council (NMAC)
The National Native American AIDS Prevention Center (NNAAPC)
The U.S.-Mexico Border Health Association (USMBHA).

In general, the national organizations are funded to:

1. Provide written materials and national/regional training opportunities for CPGs.
2. Identify or develop and disseminate effective techniques and models for conducting community planning tasks.
3. Consult on trends and issues in community planning.
4. Identify regional/local providers of TA.
5. Provide, upon request, area-specific TA.

AED coordinates project area-specific TA and the TA Registry by working with project areas and the CDC to understand area needs, identify local or regional and national providers, arrange for providers to deliver assistance, and monitor delivery and effectiveness of TA. (Health department peers are coordinated by NASTAD.)

Successful TA is Built Around Collaboration?

The success of TA depends greatly on the relationship among the health department, the co-chairs, and the CPG. Together, the health department, the co-chairs, and the entire CPG are expected to:

- Determine and evaluate their TA needs.

[Your CDC project officer is your gateway to accessing TA.

[Make sure that you know the name of your CDC Project Officer.

[The CDC National TA Providers' Network is made up of 9 organizations.

[Each of the National TA Providers' Network organizations brings a unique set of skills and resources to community planning.

[Contact information for each member of the National TA Providers' Network is presented in Chapter 6.

[If you are looking for information on specific populations, one or more of the TA providers may be able to assist you.

[The TA providers have five major responsibilities.

[If you think one of the TA providers can assist your CPG, encourage your co-chairs to contact your CDC project officer.

[AED is responsible for coordinating access to localized TA for CPGs.

[NASTAD coordinates access to health department peers.

[Successful TA is dependent on many levels of collaboration.

- Consider what type of TA is needed (whether access to materials, workshops, or one-on-one consultation).
- Obtain needed TA (whether through the TA Providers' Network or independently arranged).

Successful TA is promoted by clearly understood requests, goals and objectives, and a specific course of action. The *Self-Assessment Tool for Community Planning Groups* may be helpful in assessing the primary components of your CPG's efforts and in defining TA needs.

TECHNICAL ASSISTANCE IS A SHARED RESPONSIBILITY

- **Role of the health department:** Ensure that technical assistance is provided to assist community planning groups, the health department, and community-based providers in the areas of program planning, implementation, and evaluation. Health departments should meet these needs by drawing on expertise from a variety of sources (e.g., the CDC-supported TA network, health departments, academia, professional and other national organizations, and nongovernmental organizations).
- **Role of the CPG:** Identify the technical assistance needs of the community planning group and community-based providers in the areas of planning, implementation, and evaluation.
- **Shared Roles:** Identify the technical assistance needs of the community planning group, health department, and community-based providers in the areas of planning, implementation, and evaluation.

Source: *The Guidance*

[As a CPG, you are expected to figure out what you need help with, to determine what type of TA you would like to receive, and to ensure that the TA occurs.

[Clearly stated requests will result in more "on-target" responses.

[The *Self-Assessment Tool* can help to define your TA needs.

[Defining your TA needs may not be easy, but it will help to ensure that the assistance you receive is responsive.

[Ensure that TA requests are discussed by the entire CPG. Ask the question: "Does everyone understand what we want?"

[TA requests that do not have the support of the CPG will be unsuccessful.

How to Access TA for your CPG?

1. **Begin by asking, "What types of knowledge, skills, or support do we need to accomplish our community planning tasks or goals?"** The *Self-Assessment Tool for Community Planning Groups* will help you to evaluate the primary components of your community planning efforts to date and define your current TA needs. (Hint: You may want to complete the self-assessment tool as a group and use the discussion to better define your TA request.)
2. **Everyone should help to develop the TA request.** The health department, the co-chairs, and members of the CPG should all help to develop the TA request and agree on the outcomes expected from the assistance as well as the commitment required from the group.

[Who should request TA?
Anyone can request TA as long as it is in accordance with Bylaws; and, a "point of contact" is available.

[To access TA:
Call your CDC project officer at (404) 639-5230,
or
Call AED at (202) 884-8862.

- [Remember, TA is only a phone call away.

1. _____ is the provision of direct or indirect support to increase the capacity of individuals and/or a group to carry out programmatic and management responsibilities.
2. _____ has a responsibility to ensure that CPGs have access to TA.
3. TA may be provided in many different forms depending on the _____ of the group.
4. Technical assistance resources to support CPG's efforts are available in a wide variety of _____.
5. _____ are CPG's gateways to accessing TA.

[REDACTED]

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Technical Resources for Community Planning Groups

CDC National TA Providers' Network

The Centers for Disease Control and Prevention (CDC) has created a network of TA providers to support HIV prevention community planning across the CDC-funded project areas. Whether your CPG needs local, regional, or national-level TA, the TA Providers' Network is equipped to provide you customized support.

The organizations funded by the CDC to provide TA to HIV prevention community planning groups, and their contact information, include:

The Academy for Educational Development (AED)

1825 Connecticut Ave., N.W., Washington, D.C. 20009-5721
Contact: Frank Beadle de Palomo or Sharon Novey
TEL: (202) 884-8862 (Direct TA Line)
FAX: (202) 884-8713
E-mail: fbeadle@aed.org or snovey@aed.org

Advocates for Youth

1025 Vermont Avenue, N.W., Suite 200, Washington, D.C. 20005
Contact: Kent Klindera
TEL: (202) 347-5700 FAX: (202) 347-2263
E-mail: kent@advocatesforyouth.org

The American Psychological Association (APA)

Office on AIDS, 750 First Street, N.E., Washington, D.C. 20002
Contact: Duane Wilkerson or Lara Frumkin
TEL: (360) 754-1404 or (202) 336-5632
FAX: (360) 943-5770 or (202) 336-6198
E-mail: dwilkerson@avhome.com or lfrumkin@apa.org

The Council of State and Territorial Epidemiologists (CSTE)

1600 Clifton Road, N.E., MS E47, Atlanta, GA 30333
Contact: Joyce Neal or A.D. McNaghten
TEL: (404) 639-2048 or (404) 639-5173
FAX: (770) 458-8516 or (404) 639-2980
E-mail: jxn4@cdc.gov or aom5@cdc.gov

The National Alliance of State and Territorial AIDS Directors (NASTAD)

444 N. Capital Street, N.W., Suite 339, Washington, D.C. 20001
Contact: Lynne Greabell
TEL: (202) 434-7127
FAX: (202) 434-8092
E-mail: lgreabell@nastad.org

The National Association of People With AIDS (NAPWA)

1413 K Street, N.W., 7th Floor, Washington, D.C. 20005
Contact: Lorenzo Taylor
TEL: (202) 898-0414
FAX: (202) 898-0435
E-mail: ltaylor@napwa.org

The National Minority AIDS Council (NMAC)

1931 13th Street, N.W., Washington, D.C. 20009
Contact: Jackie Coleman
TEL: (202) 483-6622
FAX: (202) 483-1135
E-mail: jcolema@nmac.org

The National Native American AIDS Prevention Center (NNAAPC)

134 Linden Street, Oakland, CA 94607
Contact: Vince Sanabria
TEL: (510) 444-2051 or (408) 763-2032
FAX: (510) 444-1593
E-mail: oakeagle@aol.com

The U.S.-Mexico Border Health Association (USMBHA)

Field Office, 6006 N. Mesa, Suite 600, El Paso, TX 79912
Contact: Eva Moya or Irma Carrillo
TEL: (915) 581-6645 x31 or x24
FAX: (915) 584-8701
E-mail: moyae@usmbha.org or carrilloi@usmbha.org

Other CDC Resources

CDC Project Officer —Your CDC Project Officer is a key element for successful TA. CDC Project Officers can help you diagnose your TA needs, refer and link you to other resources (e.g., the CDC National TA Providers' Network, national and community-based organizations, and CDC resources). Accessing your CDC Project Officer is easy: if you do not have his/her direct number, or are unsure of who your Project Officer is, call the main number: (404) 639-5230

CDC HIV Prevention Community Planning Project Area Project Officers*

CDC Project Officer	Telephone/e-mail	Project Area (States, Cities, Territories)
Chow, Walter	(404) 639-5226 ewkc1@cdc.gov	Connecticut, Indiana, Massachusetts, New Mexico
Tullier, Chris	(404) 639-5236 cjt4@cdc.gov	Alabama, Mississippi, Missouri, North Carolina
Economou, Nikki	(404) 639-5228 nxe0@cdc.gov	Colorado, Montana, New Jersey, South Dakota, Wyoming
Graham, Donna	(404) 639-5231 dea3@cdc.gov	Maine, Oregon
Gunter, Dorothy	(404) 639-5223 dcg0@cdc.gov	New York, Rhode Island, Utah, West Virginia
Hale, David	(404) 639-5233 dhj3@cdc.gov	Arizona, Kentucky, Tennessee, Washington, Washington, D.C.
Harris, Benita	(404) 639-5335 blh4@cdc.gov	Georgia, Indiana, Michigan, Minnesota
Leak, L'Tanya	(404) 639-5247 lxl2@cdc.gov	American Samoa, Commonwealth of Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of the Marshall Islands, Palau
Longdon, Bill	(404) 639-5246 wbl1@cdc.gov	Chicago, Illinois, Ohio, Wisconsin
Lyon, Wendy	(404) 639-5243 wah4@cdc.gov	Florida, Pennsylvania, Philadelphia
Martinez, Samuel	(404) 639-5219 sbm5@cdc.gov	Puerto Rico, United States Virgin Islands
O'Conner, Kevin	(404) 639-5238 kpo1@cdc.gov	Hawaii, Houston, Iowa, Texas
Pastorius, Ted	(404) 639-5215 fpp0@cdc.gov	Maryland, North Dakota
Rodriguez, Tomas	(404) 639-5240 trr@cdc.gov	California, Los Angeles, Nevada, San Francisco
Studer, Craig	(404) 639-5197 ccs1@cdc.gov	Missouri, New York City, Vermont
Turski, Ron	(404) 639-5218 rat3@cdc.gov	Kansas, Nebraska, South Carolina
Willis, Karen	(404) 639-5245 klw5@cdc.gov	Alaska, Arkansas, Delaware, Louisiana, Oklahoma, Virginia

CDC Web Homepage—You can access CDC resources via the Internet: www.cdc.gov

CDC National Prevention Information Network (NPIN) —formerly the National AIDS Clearinghouse

You can call the CDC NPIN at (800) 458-5231 (you can also reach NPIN via the Internet: www.asciences.com)

Written TA Materials

The following is a list of the HIV Prevention Community Planning-related materials available to you through the CDC National Prevention Information Network (NPIN) (formerly the CDC National AIDS Clearinghouse). Other materials may be available through other CDC National TA Providers' Network organizations (for a listing, please continue in this section). Any publication with a NAC ID# is available *free of charge* through the National Prevention Information Network by calling (800) 458-5231 (9:00 a.m. to 6:00 p.m., Eastern Time, Monday-Friday).

1. Handbook for HIV Prevention Community Planning. Developed by the Academy for Educational Development; Washington, D.C.: April 1994. [NAC ID# D071]
2. HIV Prevention Among Drug Users: A Resource Book for Community Planners and Program Managers. Developed by the Academy for Educational Development; Washington, D.C.: June 1997. [NAC ID# D189]
3. HIV Prevention Community Planning Case Studies: Washington, D.C. and Los Angeles, CA. Developed by Battelle: April 1995 [NAC ID#D803]
4. Overview of HIV/AIDS Prevention Interventions: An Approach to Examining their Effectiveness (also known as "The Taxonomy). Developed by the Academy for Educational Development; Washington, D.C.: May 1995. [NAC ID# D222]
5. Priority Setting in HIV Prevention Community Planning. Developed by the Academy for Educational Development; Washington, D.C.: July 1994. [NAC ID# D800]
6. Review of Core Objectives: The First Year of HIV Prevention Community Planning, Summary Report. Developed by the Academy for Educational Development; Washington, D.C.: March 1995. [NAC ID# D799]
7. *Review of Core Objective #5: Linkages in the Second Year of HIV Prevention Community Planning, Summary Report.* Developed by the Academy for Educational Development; Washington, D.C.: March 1996. [NAC ID# D923]
8. *Self-Assessment Tool for Community Planning Groups.* Developed by the Academy for Educational Development; Washington, D.C.: May 1995. [NAC ID# D202]
9. *Suggested Guidelines for Developing an Epidemiologic Profile for HIV Prevention Community Planning.* Developed by the Council of State and Territorial Epidemiologists and the Centers for Disease Control and Prevention; Atlanta, GA: June 1995 [NAC ID# 875]
10. *Technical Assistance Briefing Book: for Community Planning Groups.* Developed by the Academy for Educational Development; Washington, D.C.: November 1995.
11. *What Intervention Studies Say About Effectiveness: A Resource for HIV Prevention Community Planning Groups.* Developed by the Academy for Educational Development; Washington, D.C.: May 1996. [NAC ID# D922]
12. *HIV Prevention Priorities: How Community Planning Groups Decide.* Developed by the Academy for Educational Development and the National Alliance of State and Territorial AIDS Directors; Washington, D.C.: May 1996. [NAC ID# D587]

The following document may be obtained by contacting the National Association of People with AIDS (NAPWA) at (202) 898-0414.

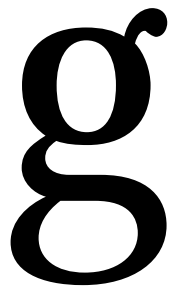
1. *Positive Input: Your Guide to HIV Prevention Community Planning—A Guidance Manual from the National Association of People with AIDS.* Developed by the National Association of People with AIDS; Washington, D.C.: July 1994.

The following documents may be acquired by contacting the National Council of La Raza (NCLR) Distribution Center at (301) 604-7983. The cost of each document is \$15.00.

1. *Do's and Don'ts for an Inclusive HIV Prevention Community Planning Process: A Self-Help Guide.* Developed by Mosaica, Inc. for the National Council of La Raza; Washington, D.C.: October 1994.
2. *Using Data, Assessing Needs: A Guide for Community Members of HIV Prevention Community Planning Groups.* Developed by Mosaica, Inc. for the National Council of La Raza; Washington, D.C.: June 1995.

The following documents may be acquired by contacting the U.S. Conference of Mayors at (202) 293-7330. These publications are free to federal, state, and local government agencies, and to community-based organizations; otherwise, the cost is \$15.00 each.

1. *HIV Prevention Community Planning Profiles: Assessing Year One.* Developed by the U.S. Conference of Mayors; Washington, D.C.: March 1995.
2. *HIV Prevention Community Planning Profiles: Assessing the Impact.* Developed by the U.S. Conference of Mayors; Washington, D.C.: May 1996.



Glossary of Terms Used in this Guide

ACCOUNTABILITY—A framework that has been created to determine how a group and its members will be responsive and responsible to itself and the community as it carries out its mission.

AIDS—Acquired Immunodeficiency Syndrome; clinical definition of illnesses caused by HIV: A CD4 count less than, or equal to, 200 or one or more diagnosed opportunistic infections.

ASO—AIDS service organization, which may provide a variety of services for the community, including health services, prevention, housing, advocacy, intervention, and information and referral.

BEHAVIORAL SCIENCE—A science, such as psychology or sociology, that seeks to survey and predict responses (behaviors and actions) of individuals or groups of people to a given situation, i.e., why people do what they do.

BUDGET PERIOD—The period of time covered by a funding award. Budget periods are typically 12 months in length.

BYLAWS—Standing rules written by a group to govern their internal function; addresses issues of voting, quorums, attendance, etc.

CAPACITY DEVELOPMENT—Building the abilities and knowledge of individual or groups so that they may fully participate in a process or organization.

CBO—Community-based organization, a structured group offering services to specific group of people in a defined area. These groups may include minority groups, housing for the homeless, and AIDS service organizations.

CDC—The Centers for Disease Control and Prevention; the federal agency responsible for tracking diseases that endanger public health, such as HIV and tuberculosis.

CO-CHAIRS—Person(s) assigned by the grantee and elected by community members to a particular planning group; they are responsible for organizing, convening, and leading the HIV community prevention planning groups. Each community planning group is expected to have one Health Department and one Community Co-Chair.

COMMUNITY—A group of people living in a defined area who share a common language, ethnicity, geographic area, behavior, or belief.

COMPETITIVE AWARD—Funding is awarded based on the quality of the funding application. Applications are reviewed and scored according to a set criteria by objective and expert reviewers.

COMPREHENSIVE HIV COMMUNITY PREVENTION PLAN—The result of the community HIV prevention planning process. This is a plan that has been taken into account many different points of view and perspectives in order to provide the most effective prevention efforts within a specific area.

COMMUNITY PLANNING GROUP (CPG)—The official HIV prevention planning body which follows the *Guidance* to develop the comprehensive HIV prevention plan for the project area.

CONFLICT—A disagreement among two or more people.

CONFLICT OF INTEREST—A conflict between one's obligation to the public good and one self-interest; for example, if the board of a community-based organization is deciding whether to receive services from Company A and one of the board members also owns stock in Company A, that person would have a conflict of interest.

DEFINED POPULATIONS—People grouped together by gender, ethnicity, age, or other social factors.

EPIDEMIC—A disease that has spread rapidly among a large number of people within a short period of time.

EPIDEMIOLOGY—The study of epidemics and epidemic diseases such as HIV and tuberculosis; in prevention planning, this epidemiologic information indicates which population, age group, and ethnic groups, are affected by HIV in a defined area.

ETHNICITY—A group of people who share the same place of origin, language, race, behaviors, or beliefs.

EVIDENCE-BASED—In prevention planning, based on evidence that is collected from scientific data, such as reporting of AIDS cases to health departments and needs assessments conducted in a scientific manner.

FISCAL YEAR—A twelve-month period set up for accounting purposes; for example, the federal government's fiscal year runs from October 1 to September 30 of the following year.

FUNDED SITES—In prevention planning, all 50 state health departments, the District of Columbia, eight U.S. Territories, and six local health departments (Chicago, Houston, Los Angeles, New York City, Philadelphia, and San Francisco) that receive federal funding from the Centers for Disease Control and Prevention for HIV prevention programs/activities.

GRANTEE—The person or group receiving funds from an outside source. Term referring to state and local health departments that receive federal funds from the CDC for HIV prevention programs/activities.

GUIDANCE—The CDC document that gives additional information and rules for receiving fund for HIV prevention programs and defines the process of HIV prevention community planning.

HIV (HUMAN IMMUNODEFICIENCY VIRUS)—The virus that damages the immune system and causes AIDS.

HIV PREVENTION COMMUNITY PLANNING—A CDC initiative in which people representing at-risk communities and those who are HIV-infected meet with scientists and other professionals in order to decide on the most effective HIV prevention programs and methods for stopping the spread of HIV in their area.

HIV-RELATED MORTALITY DATA—Statistics that represent deaths caused by HIV infection.

HIV SEROPREVALENCE DATA—Statistics that measure the level of HIV infection among selected populations that have been targeted for surveys.

IDU/IVDU—Injecting drug user; intravenous drug user; term used to refer to people who inject drugs directly into their bloodstream by using a needle and syringe.

INCLUSION—The assurance that the views, perspectives, and needs of all affected communities are included and involved in a meaningful manner in the community planning process.

INTERVENTION—An activity whose objective is to change or avert high-risk behavior that may result in HIV infection.

JURISDICTION—An area or region that is within the responsibilities of a particular governmental agency; in prevention planning. This term usually refers to an area whose HIV prevention activities are monitored and managed by a state or local health department (i.e., “Jonestown is within the jurisdiction of the Jones County Health Department”).

LETTER OF CONCURRENCE—A part of a health department’s application to the CDC for federal HIV prevention funds. This letter states that the planning group agrees with the prevention programs outlined in the health department’s application. This letter explains how the planning group created its HIV prevention plan.

LETTER OF NONCONCURRENCE—A part of a health department’s application to the CDC for federal HIV prevention funds. If a planning group does not agree with the health department’s prevention plan in the grant application, the group must include a letter explaining why members disagree with the plan.

NEEDS ASSESSMENT—The process of obtaining and analyzing findings about community needs. Needs assessments may use several methods of information and data collection to determine the type and extent of unmet needs in a particular population or community. For example, a needs assessment may use personal interviews or questionnaires with a diverse group of community members in order to determine what they know about protecting themselves from HIV infection.

NGO/NONGOVERNMENTAL ORGANIZATION—A private group that is not associated with federal, state, or local agencies, yet often has programs or services that are similar to those offered by governmental agencies.

PANDEMIC—An epidemic that occurs in a large area or globally, as with HIV and AIDS. See EPIDEMIC.

PARITY—A situation in which all members of the community planning group are provided opportunities for orientation and skills building to participate in the planning process and to have an equal voice in voting and other decision-making activities.

PARTICIPATORY PLANNING—The process of identifying needs and making decisions through the broad-based involvement of a wide range of viewpoints, wherein differences in background, perspective, and experience are essential and valued.

PLANNING PROCESS—Steps taken and methods used to gather information, interpret it, and produce a plan for rational decision-making.

PREVENTION PROGRAM—A group of interventions designed for reduction of disease among individuals whose behavior, environment, or genetic history places them at high risk for exposure.

PREVENTION SERVICES—Interventions, programs, and structures designed to change behavior that lead to HIV infection. Examples include condom distribution, needle exchange programs, mentoring and counseling programs, outreach education efforts among high schools or groups at high risk for HIV infection.

PRIMARY PREVENTION—Interventions and education which are intended to help people stop behaviors that may lead to their becoming infected with HIV; may include condom education, counseling that reduces the number of sex partners, HIV antibody testing/counseling, or needle exchange programs and drug abuse counseling.

PROCESS—The method used in undertaking a project; different groups think about and act upon projects and tasks differently and may use diverse decision-making styles, time frames, and methods.

PROCESS EVALUATION—Documentation that a particular prevention intervention has been carried out.

PROCESS OBJECTIVES—Specific activities involved in the implementation of a program in order to produce the desired results.

REPRESENTATION—The assurance that those who are representing a specific community truly reflect that community's values, norms, and behaviors.

SECONDARY DATA—Existing data, or information, that is gathered and used in a project.

SECONDARY PREVENTION—Prevention programs that serve the needs of people infected with HIV, informing them about how they can protect their health and prevent the further spread of the virus.

SERO-INCIDENCE—A statistical term that refers to the number or rate of new HIV or AIDS diseases in a particular period of time (one year, five years, etc.).

SERO-PREVALENCE—A statistical term referring to the long-term rate or percentage of people infected with HIV or diagnosed with AIDS in a defined population.

SHARED RESPONSIBILITIES—Joint oversight of staff and committee activities and shared responsibility for coordination of the planning effort; this oversight can include facilitation of meeting in which the role of meeting chair rotates for each meeting.

STAKEHOLDERS—Those individuals/groups who have a major interest and involvement in a process; participants in the community planning process.

SURVEILLANCE DATA—Statistics representing people with HIV or AIDS in a given area that are reported to the CDC from the public health officials who collect them from testing sites, treatment facilities and other groups, and analyze them to produce a full picture of trends in the epidemic in the states and throughout the nation.

TARGET POPULATIONS—Groups of people who are the focus of HIV prevention efforts due to high rates of HIV infection among those groups; they are defined by using CDC AIDS surveillance data broken down by ethnicity, gender, sexual orientation, and other factors.

TECHNICAL ASSISTANCE (TA)—Training and skills development which allows people and groups to do their jobs better, including education and knowledge development in areas that range from leadership and communications to creating an effective needs assessment tool and understanding statistical data.

*NOTE: This glossary was adapted from *Positive Input*, a publication of the National Association of People With AIDS.

Chapter 1: A Brief History of HIV Prevention Community Planning

Chapter Review Exercise:

1. HIV Prevention Community Planning is a collaborative process through which health departments work in partnership with _____.
2. The _____ is the blueprint for HIV prevention community planning.
3. Community Planning Groups use _____ as a group process for addressing the epidemic in their areas and to develop a comprehensive HIV prevention plan.
4. Community planning was initiated in the year ____ to reflect the belief that determining how best to respond to local HIV prevention priorities and needs is best carried out by local decision making.
5. The _____ is expected to respond to the CPG's plan its application to the CDC for federal HIV prevention funds.
6. The CPG is charged with considering _____ aspects of a comprehensive HIV prevention program, including: epidemiology and surveillance; counseling, testing, referral, and partner counseling and referral services; health education and risk reduction activities; school-based education efforts for youth; public information programs; capacity building; evaluation; technical assistance; etc.

Chapter 2: Roles and Responsibilities of CPG Members, Co-chairs, and Staff

Chapter Review Exercise:

1. The *Guidance* states that an orientation for new members should include an understanding of _____ of CPG members.
2. CPGs across the country have developed _____ to explain the roles and responsibilities for CPG members.
3. The length of commitment should be determined by the CPG and noted in its _____.
4. The *Guidance* requires that one _____ represent the grantee or health department and one represent the and that others represent the community.
5. Health departments offer three distinct types of support to the community planning process: _____, _____, and _____.

Chapter 3: Nine Steps and 15 Principles of Community Planning

Chapter Review Exercise:

1. The main product that the CPG creates is a _____.
2. To ensure that HIV prevention community planning is accomplished in a participatory and appropriate manner, the CDC requires that all grantees address the _____.
3. A gap analysis should help you identify _____ and _____ prevention needs within high-risk populations defined in the epidemiologic profile.
4. HIV prevention community planning is characterized by _____ priority setting between _____ and communities.
5. _____ is the assurance that the views, perspectives, and needs of all affected communities are included and involved in a meaningful manner in the community planning process.
6. Identification, interpretation, and prioritization of HIV prevention needs reflect the _____ profile, _____ assessment, _____ inventory, and culturally relevant and linguistically appropriate information obtained from communities to be served, particularly persons with or at risk for HIV infection.

Chapter 4: The *Guidance*

Chapter Review Exercise

1. The Guidance is offered to assist state and local health department HIV prevention Cooperative Agreements _____.
2. A _____ process should result in HIV prevention programs that are responsive to high priority, community-validated needs of specific populations.
3. HIV prevention community planning is a process by which state and local health departments share _____ for developing a comprehensive HIV prevention plan.
4. The grantee will develop an _____ for CDC funding based on the comprehensive HIV prevention plan.
5. An _____ that reflects the epidemic through a variety of data sources in the grantee's jurisdiction.
6. The _____ and _____ process of new members should ensure timely replacement of vacant member slots.

7. Priority setting is based on the _____, _____, _____, and culturally relevant and linguistically appropriate information obtained from the communities to be served, particularly person with or at risk for HIV infection.
8. The CPG must include representatives who reflect the _____ characteristics of the current and projected HIV/AIDS epidemic in that jurisdiction.
9. The _____ is a basis for settling priorities among met and unmet prevention needs of specific populations
10. If more than one CPG is implemented in a grantee's project area, the health department may wish to designate local health department representatives as _____ of these planning groups.
11. Each grantee must include a letter of _____ or _____ from each CPG convened within the grantee's jurisdiction with its _____ for federal HIV prevention funding.
12. _____ are responsible for awarding and administering HIV prevention funds.
13. Upon receiving a grantee's application for federal HIV prevention funds, the CDC will review it for _____ with the principles and logistics of the HIV prevention community planning Guidance.
14. Grantees select the _____, and the CPG selects the _____.

Chapter 5 Technical Assistance for Community Planning Groups

Chapter Review Exercise:

1. _____ is the provision of direct or indirect support to increase the capacity of individuals and/or a group to carry out programmatic and management responsibilities.
2. _____ has a responsibility to ensure that CPGs have access to TA.
3. TA may be provided in many different forms depending on the _____ of the group.
4. Technical Assistance resources to support CPG's efforts are available in a wide variety of _____.
5. _____ are CPG's gateways to accessing TA.

Answers to Chapter Review Exercise Statements

Chapter 1

1. Community Planning Groups (CPGs)
2. *Guidance*
3. priority Setting
4. 1994
5. State/local health department
6. all

Chapter 2

1. roles and responsibilities
2. job descriptions
3. bylaws
4. co-chair
5. leadership; technical; logistical

Chapter 3

1. comprehensive HIV prevention plan
2. principles
3. met; unmet
4. shared; health departments
5. inclusion
6. Epidemiological; needs; resources

Chapter 4

1. funds
2. participatory, priority setting
3. responsibilities
4. application
5. epi profile
6. nomination; selection
7. epidemiologic profile; needs assessment; resource inventory
8. demographic
9. gap analysis
10. co-chairs
11. concurrence; non-concurrence
12. health departments
13. accordance
14. health department co-chair; community co-chair

Chapter 5

1. Technical assistance
2. CDC
3. exact needs
4. content areas
5. Project officers